

AUTHORIZATION FOR DIRECT PAYMENT

STAPLE VOIDED
CHECK HERE

I authorize _____ and the financial institution named
(COMPANY NAME)

below to initiate electronic entries from my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account if it charged.

(NAME OF FINANCIAL INSTITUTION)

(BRANCH)

(CITY)

(STATE)

(ZIP CODE)

(SIGNATURE)

(DATE)

(NAME- PLEASE PRINT)

(ADDRESS- PLEASE PRINT)

Account Number _____

Checking

Savings

Financial Institution Routing Number _____



RETAIN FOR YOUR RECORDS

On _____ I authorized

(DATE)

(COMPANY NAME)

(ADDRESS)

(PHONE)

to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to the address above.

Initial payment amount: \$ _____ (If payment amount changes we will notify you at least 10 days

Regular payment date _____ before the regularly scheduled payment date.)