



Automatic Payment Authorization

Name: Phone Number:

Address:

City: State: Zip:

Bank Name:\*\*\*\*\*RqkpvDcpm

Bank Address:\*\*\*\*\*RQODqz'49: 'dRkqv'Rqkpv.'VZ'9847: 'WUC

Bank Account Number\*: checking account savings account

Vendor Account Number:

I (we) authorize (vendor name) and P[ a Bank to initiate variable entries to my checking/savings. This authorization will remain in effect until I notify (prepopulate from blank #1) in writing to cancel it in such time as to afford (prepopulate from a reasonable opportunity to act. Also I agree that I remain obligated to pay for these services in the event that a charge to my account is dishonored, for whatever reason, and that (prepopulate from blank #1) retains its normal collection rights.

Signature: Date:

Second Signature (if joint account):

\*Include voided check or deposit slip with this form when sending to vendor