

# AUTOPAY AUTHORIZATION FORM

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Check one:

- New enrollment. Complete, sign and return this form with a voided check.*
- Cancel enrollment. Sign and return this form.*

SECTION A – APPLICANT INFORMATION			
Last Name (as it appears on account)	First Name	Middle Initial	
If joint account, list other names			
Current Street Address	City/State	Zip	Home Phone
SECTION B – BANK ACCOUNT INFORMATION			
Bank Name		Routing Number	
Account Number	Check one: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account		

*I hereby authorize and request \_\_\_\_\_ (the company) and the financial institution listed above to debit the indicated bank account in the amount of \$\_\_\_\_ on the \_\_\_\_\_ day of each month.*

*I understand that I may terminate this agreement by giving notice to the company. I may do this at any time in writing, but must allow a reasonable amount of time after receipt for the company to act upon it. I also understand that additional service charges may apply if payment is returned due to insufficient funds.*

**APPLICANTS SIGNATURE**

**DATE**

X \_\_\_\_\_

\_\_\_\_\_