AUTHORIZATION FORM

FOR OFFICE USE ONLY	CUSTOMER#	1	DATE	
• •	w authorization	Change payment amount Discontinue electronic pay		payment date
Last Name		First Name		
Address				
City			State	Zip
Email Address				
Date for monthly withdrawal (please Date of first payment://	,	☐ Other nent: \$		
Please debit payment from my Savings Account (contact Checking Account (staple I authorize the above organiza until I provide reasonable notif	your financial institution for Routin	<i>Valid Routing # n</i> Account Number:	Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: Check Number Routing Number	
I authorize the above organiza until I provide reasonable notif	tion to process debit entries to my ication to terminate the authorization		at this authority will ren	nain in effect
Authorized Signature:			Date:	

If using a checking account, please attach a voided check to the bottom of this page.