

Authorized Payment Form

Safe. Convenient. Easy.

We are excited to offer the convenience and ease of automated payments that allows secure, on-time payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name

Phone #

Cardholder Address

City

State

Zip

Account Number

Expiration Date

Cardholder Signature

Date

SECTION B (Bank Account)

Your Name

Phone #

Address

City

State

Zip

Bank or Credit Union Address

City

State

Zip

Bank or Credit Union Name

Routing Transit Number

Account Number

Authorized Signature

Date