

## 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 is 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.)