



## Credit/Debit Authorization Form

### Authorization Agreement for Direct Deposit/Payment

I (we) hereby authorize \_\_\_\_\_ (“COMPANY”) to initiate entries to my checking/savings accounts at the financial institution listed below (FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. The COMPANY will initiate entries the **1st business day** of the month that your bill is due.

<b>Receiver/Customer Name(s)</b>	
<b>Financial/Bank Institution</b>	
<b>Routing Number</b> (Look between these symbols   on the bottom left of the check)	
<b>Account Number</b>	
<b>Account Type</b>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>Amount</b> (Specific or Variable Range)	

Receiver Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK BELOW**