



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.

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

Receiver Signature _____ Date _____

PLEASE ATTACH A VOIDED CHECK BELOW