



**DIRECT PAYMENT AUTHORIZATION**

**One Account**

I (we) hereby authorize \_\_\_\_\_, hereinafter called "Company", to initiate debit entries and, if necessary, debit correction and adjustment entries to my account at the financial institution listed below. Automatic draft will occur on the 15<sup>th</sup> of every month.

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(city)

\_\_\_\_\_  
(State and Zip)

\_\_\_\_\_  
(Routing and Transit Number)

\_\_\_\_\_  
(Account Number)

\_\_\_\_\_  
(Account Type: Loan, Checking, Savings or Share)

This authority is to remain in full force and effect until "Company" has received written notification from the recipient of its termination in such a time and manner as to afford "Company" a reasonable time to act upon it.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

(Please attach a voided check to this form.)