



### Direct Payment Authorization

Direct Payment is a reliable and accurate way to make recurring payments on time, every time. Simply complete the form, attach a voided check, and provide to the company or organization you wish to pay.

I (we) authorize the company listed below to initiate debits (payments) from my account, and, if necessary, debit correction and adjustment entries to my (our) account at the financial institution listed below.

Financial Institution		
Name	Address	
City, State, Zip		
Routing & Transit Number	Account Number	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Deposit	
Company Name (who are you paying?)	Amount of Payment
Recurrence <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> One Time <input type="checkbox"/> Quarterly	
Date of Recurrence	

This authorization will remain in full force and effect until the "Company" has received written notification from the recipient of its termination in such a time and manner as to afford the "Company" a reasonable opportunity to terminate it.

\_\_\_\_\_  
Account Holder's Name (Please Print)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**Please attach a voided check or financial institution account verification letter to this form.**