



# AUTHORIZATION FOR DIRECT PAYMENT

I authorize \_\_\_\_\_  
*Company Name*

\_\_\_\_\_ *Address*

\_\_\_\_\_ *Phone*

to initiate entries to 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 company 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.

## PAYMENT INFORMATION

Name of Financial Institution		
Branch		
City, State Zip		
Account Number		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Initial Payment Amount	\$ _____	
Payment Date	____ / ____ / ____	

Signature		Date
Name (Printed)		
Address		