

Direct Debit Authorization

Company Name: _____

Name: _____

Address: _____

City/State/Zip: _____

Telephone#: _____

I, the above named, hereby authorize the above company to make debit payments directly from my account at said financial institution listed below.

Financial Institution: _____

Address: _____

City/State/Zip: _____

Amount: \$ _____

Frequency: One time Monthly Other _____

Account #: _____

Account type(checking**/savings): _____

Routing #: _____

****Please attach a voided check****

Signature

Date