

AUTHORIZATION AGREEMENT TO DEBIT ACCOUNT

CONTACT

Name (First, Middle, Last)

Street Address

Telephone Number

City

State

Zip Code

ACCOUNT INFORMATION

Account Holder Name(s)

Financial Institution Name

Routing Number

Account Number

Type of Account (Check one)

Checking Account (*Attach voided check below*)

Savings Account

AUTHORIZATION

I (we) hereby authorize _____ to initiate debit entries to my (our) account indicated above in the amount of \$_____ (or for the amount of my (our) monthly membership dues invoice) on a monthly basis beginning _____ and the financial institution named above, hereinafter called DEPOSITORY, to debit the same to such account. This authority is to remain in full force and effect until _____ has received written notification from me (or either of us) of its termination in such time and in such manner as to afford _____ and DEPOSITORY a reasonable opportunity to act on it.

Signature

Date

ATTACH YOUR VOIDED CHECK HERE

Ima Sample	1001	
507 Redbud	Date _____	
Mount Pleasant, TX 75455		
PAY TO THE ORDER OF _____		
Guaranty Bond Bank		
Mount Pleasant, Texas		
Memo _____		
111915327	1234567	1001

↑
Routing Number

↑
Account Number

↑
Check Number