

Thank you for agreeing to pay your invoice using our Bill & Pay electronic payment system. Banking rules require that you give your approval to pay your invoices electronically. The approval is active until you notify us that you want to stop using the electronic payment process.

Our Bill & Pay electronic payment system is safe, efficient, and consumer friendly. Banking laws protect consumers from ever having to worry about someone taking money from their account using electronic payments in an unauthorized manner.

Please complete this form and return it to us so we can get you set up for electronic payments.

ELECTRONIC PAYMENT AUTHORIZATION

I hereby authorize _____
to initiate entries to my checking or savings account at the financial institution listed below.
This authority will remain in effect until five days after I provide written notice to cancel it.

Your Name *(please print)*

Bank or Credit Union Name

Your Address

Bank or Credit Union Address

City State Zip

City State Zip

Account Number *(see sample below)*

Transit / ABA Number *(see sample below)*

Your Signature

Today's Date

(If you're uncertain of your account or routing number, please attach a copy of voided check)

Sample Check

