

AUTOMATIC PAYMENT FORM

NAME _____

Phone _____

Email Address _____

ELECTRONIC BANK DEDUCTION

Name and Address of Financial Institution:

Phone number of Financial Institution: _____

Account Number: _____ Checking Savings

Financial Institution Transit/Routing Number _____

(Usually the first set of numbers on the bottom left of your check)

You will need to verify with your financial institution that the first set of numbers on the bottom left of your check are the correct and complete transit/routing numbers that we will need to complete your electronic bank deduction transaction. PLEASE ATTACH A VOIDED BLANK CHECK FOR CHECKING, OR A VOIDED WITHDRAWAL SLIP FOR SAVINGS.

Signature: _____

Address: _____