

# Automatic Payment Authorization

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Financial Institution Name: *Washington Savings Bank* Transit/ABA#*281271014*

Financial Institution Address: *200 South Banker Street, PO Box 707, Effingham, IL 62401*

Bank Account Number\*: \_\_\_\_\_ checking account  savings account

Vendor Account Number: \_\_\_\_\_

I (we) authorize (vendor name) \_\_\_\_\_ and Washington Savings Bank to initiate variable entries to my checking/savings. This authorization will remain in effect until I notify (prepopulate from blank #1) in writing to cancel it in such time as to afford (prepopulate from a reasonable opportunity to act. Also I agree that I remain obligated to pay for these services in the event that a charge to my account is dishonored, for whatever reason, and that (prepopulate from blank #1) retains its normal collection rights.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Second Signature (if joint account): \_\_\_\_\_

\*Include voided check or deposit slip with this form when sending to vendor