Authorization ForM

**Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Customer Id #** |  | **DATE** |
| **Effective date of authorization:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
| **Type of authorization:**  | * New authorization
 | * Change payment amount
 | * Change payment date
 |
|  | * Change banking information
 | * Discontinue electronic payment
 |  |
| Last Name | First Name |
| Address |
| City | State | Zip |
| Email Address |
| **Payment Frequency:**  one-time  Recurring (select one)-  Weekly  Monthly  Annual  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of one time payment: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_ |
|  Amount : $\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Date of first payment: **\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_** Amount of recurring payment: $\_\_\_\_\_\_\_\_\_\_\_\_  |
| **CHECKING / SAVINGS** | Please debit payment from my (check one):* Savings Account (contact your financial institution for Routing #)
* Checking Account (staple a voided check below)
 | Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Valid Routing # must start with 0, 1, 2, or 3*Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.Authorized Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CREDIT/DEBIT CARD | Please charge my payment to my (check one): | Visa | MasterCard | American Express | Discover Card |
| Credit Card Number: | Expiration Date: |
| Name on Card: |
| Billing Address (if different from above): |
| I authorize the above organization to charge my credit card in accordance with the information above.Signature (as it appears on the credit card): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ |

***If using a checking account, please attach a voided check over the credit card section.***