

## Automatic Payment Authorization

Name:

Address:

Phone:

BANK INFORMATION:

Select Bank Transit/ABA #051409456  
211 Gristmill Drive Forest, VA 24551

(Bank Account Number)

Checking Savings

Vendor Account#

I (we) authorize \_\_\_\_\_ and Select Bank to initiate  
(Vendor Name)  
automatic withdrawals from my checking/savings. This authorization will remain in effect until I notify  
(Vendor Name) \_\_\_\_\_ in writing to cancel it in such time as to afford  
(Vendor Name) \_\_\_\_\_ 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 \_\_\_\_\_ retains its normal collection rights.  
(Vendor Name)

Furthermore, I acknowledge that the origination of ACH transactions to my/our account must comply  
with the provisions of the law.

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

Second Signature (if joint account requires)

PLEASE NOTE

- If you are transferring your account from another financial institution, it is recommended that you maintain accounts at both financial institutions until your automatic withdrawal authorization change is complete.
- If you would like information regarding when your automatic withdrawal will become effective, contact the organization that generates your automatic withdrawal.
- The organization may require you to complete additional forms in order to process your transfer.