

CREDIT/DEBIT AUTHORIZATION FORM

(Name of Financial Institution)

(Address of Financial Institution – Branch, City, State & Zip)

(Signature)

(Date)

(Name – PLEASE PRINT)

(Address – PLEASE PRINT)

Set Amount: _____ Maximum Amount: _____

Checking/Savings Account Number: _____

Financial Institution Routing Number: _____

(Look between these symbols 1: :1 on the bottom left of your check)

Attach a voided check from your financial institution. (Showing account number and routing number)
