

Authorization for Automatic Payment

(Send this form to your vendor)

Name:			
Phone Number:			
Address:			
City:	State:	Zip:	
Bank Name:	Wauna Federal Credit Union Routing Number: 323274209		
Bank Address:	101 Truhaak St., Clatskanie, OR 97016		
Bank Account Number:		Checking Account	Savings Account
Vendor Name:			
Vendor Account Number:		Payment Amount:	

I (we) authorize _____ to initiate variable entries to my checking/savings.

This authorization will remain in effect until I notify _____ in writing to cancel it in such time as to afford _____ a reasonable opportunity to act.

I also 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.

Signature: _____ Date: _____

Second Signature (if joint account): _____

NOTE: FOR VERIFICATION PURPOSES
ATTACH A VOIDED WAUNA FEDERAL CREDIT UNION CHECK IN THIS AREA