

Name:

Address: _____

City/State: _____

Contact Phone Numbers: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Amount To Be Withdrawn: _____

Frequency Of Withdrawal:

- Weekly
- Bi-weekly
- Monthly
- 15th of the month
- 30th of the month

I authorize that my account to be Credited (to correct possible errors in transaction) & Debited (Withdrawals) according to the amounts indicated above.

Signature: _____

Date: _____