

Recurring Bank Draft Authorization Form

Please complete all sections of this form to authorize automatic recurring drafts from your bank account. Once completed, please print, sign, and submit this form to the billing department.

1. Customer Information

Customer Name (Last, First):

Billing Address:

City, State, Zip Code:

Phone Number:

Email Address:

Customer Account/Reference Number:

2. Bank Account Information

Bank Name:

Account Type (Checking or Savings):

9-Digit Routing Number (ABA):

Bank Account Number:

3. Payment Authorization Details

Recurring Draft Amount (or "As Billed"):

Draft Frequency (e.g., Monthly, Weekly):

Draft Start Date (MM/DD/YYYY):

4. Authorization and Signature

By signing this form, I authorize the billing entity to initiate recurring electronic debit entries from my designated bank account listed above. This authorization will remain in effect until I provide written notification of its termination.

Authorized Account Holder Signature:

Date (MM/DD/YYYY):

