|  |
| --- |
| Return to:COMPANY NAME123 Park AvenueMichigan 69789 MIPhone: 123-456-7899 |



**Direct Payment Authorization Form**

|  |  |  |
| --- | --- | --- |
|  | Date: |  |
|  |
| Name: | Last: |  | First: |  | MI: |  |
| Address: |  |
| City: |  | State: |  | Zip: |  |
| Phone: |  | SSN: |  |

I authorize COMPANY NAME to withdraw $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from my account listed below on the 1st of each month until I notify COMPANY NAME in writing for said payment to stop.

The amount withheld each month is to be applied to:

|  |
| --- |
|  |
| *(COMPANY NAME, CITY - STATE, specific department, program, fund, or project)* |
|  |
| Type of Account: |  | Checking |  | Savings |
|  |
| Bank Routing No.: |  |
| Your Account No.: |  |

|  |  |  |
| --- | --- | --- |
| Signature |  | Date |

*Please attach a voided check (or copy of a check) if using a checking account.*