

## Authorization for Automatic Payment

(Send this form to your vendor)

**Name:**

**Phone Number:**

**Address:**

**City:**

**State:**

**Zip:**

**Bank Name:** RBCU **Routing Number:** 2910-7545-9

**Bank Address:** 345 East 77th Street Richfield, MN 55423-4312

**Bank Account Number:**

Checking Account

Savings Account

**Vendor Name:**

**Vendor Account  
Number:**

**Payment Amount:**

I (we) authorize  
savings.

to initiate variable entries to my checking/

This authorization will remain in effect until I notify  
to cancel it in such time as to afford  
to act.

in writing

a reasonable opportunity

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): \_\_\_\_\_