|  |
| --- |
| Return to:  COMPANY NAME  123 Park Avenue  Michigan 69789 MI  Phone: 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.*

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