



Automatic Payment Authorization

(Send this form to your vendor)

Name:
Phone Number:
Address:
City:
Bank Name:
Bank Address:
Bank Account Number:
Vendor Name:
Vendor Account Number:

State: Zip:

Sheboygan Area Credit Union
Routing Number: 275981828

Sheboygan Area Credit Union
1707 Indiana Ave.
Sheboygan, WI 53081

Checking Account Savings Account

Payment Amount:

I (we) authorize _____ to initiate variable entries to my checking/savings.

This authorization will remain in effect until I notify _____ in writing to cancel it in such time as to afford _____ a reasonable opportunity to act.

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): _____

**NOTE: FOR VERIFICATION PURPOSES
ATTACH A VOIDED Sheboygan Area Credit Union CHECK IN THIS AREA**