

Automatic Payment Authorization

Name: _____

Phone Number: _____

Address: _____

City: _____

State: _____ Zip: _____

Bank Name: *Wayne County Bank* Routing# *064105734*

Bank Address: *216 South High Street, Waynesboro, TN 38485*

Bank Account Number* _____ checking ____ savings ____ (check one)

Vendor Account Number _____

I (we) authorize _____ (vendor name) and Wayne County Bank to initiate variable entries to my checking/savings. This authorization will remain in effect until I notify _____ (vendor name) in writing to cancel it in such time as to afford _____ (vendor name) a reasonable opportunity to act.

Also, I agree to remain obligated to pay for these services in the event that a charge to my account is dishonored, for whatever reason, and that _____ (vendor name) retains its normal collection rights.

Signature: _____ Date: _____

Second Signature (if joint account): _____

* Include voided check or deposit slip with this form when sending to vendor