



# Authorization for Automatic Payment

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Financial Institution Information:

**1st Ed Credit Union**      **Routing #: 231379966**  
**1156 Kennebec Drive**      **Phone: 717-264-6506**  
**Chambersburg, PA 17201**

Account #: \_\_\_\_\_  Checking       Savings

Vendor Name: \_\_\_\_\_

Vendor Account Number: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

I (we) authorize \_\_\_\_\_ to initiate variable entries to the account listed above.  
(Vendor Name)

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: \_\_\_\_\_

Joint Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: For Verification Purposes Attach a Voided 1st Ed Credit Union Check:**