



# Automatic Payment Authorization

(Send this form to your vendor)

<b>Name:</b>		
<b>Phone Number:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Bank Name:</b>	Mid Oregon Credit Union	<b>Routing Number:</b> 323274186
<b>Bank Address:</b>	Mid Oregon Credit Union PO Box 6749 Bend OR 97708	
<b>Bank Account Number:</b>	Checking Account	Savings Account
<b>Vendor Name:</b>		
<b>Vendor Account Number:</b>	<b>Payment Amount:</b>	

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 Mid Oregon Credit Union CHECK IN THIS AREA**