



Automatic Payment Authorization

(Send this form to your vendor)

Name:				
Phone Number:				
Address:				
City:	State:	Zip:		
Bank Name:	People's Community Credit Union Routing Number: 323383394			
Bank Address:	People's Community Credit Union PO Box 764 Vancouver, WA 98666			
Bank Account Number:	<input type="checkbox"/>	Checking Account	<input type="checkbox"/>	Savings Account
Vendor Name:				
Vendor Account Number:	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 People's Community Credit Union CHECK IN THIS AREA**