



Authorization for Automatic Payment

(Send this form to your vendor)

Name:
Phone Number:
Address:
City:
State:
Zip:
Bank Name: 1ST Gateway Credit Union
Bank Address: 2306 Camanche Industrial Park Drive, PO Box 110 Camanche, IA 52730
Bank Account Number:
Vendor Name:
Vendor Account Number:

Routing Number: 273973320

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 _____ a reasonable opportunity in writing to cancel it in such time as to afford _____ 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 1ST GATEWAY CREDIT UNION CHECK IN THIS AREA**