



## Authorization for ACH Payment

(Please allow 4 – 6 weeks to process authorization)

Your name \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

Address \_\_\_\_\_

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

### Financial Institution

Alliant Credit Union

Routing Number 273 974 633

Checking Account Number with ACU \_\_\_\_\_

### Company Information

Send Payment to:

Company Name \_\_\_\_\_

Company Phone # \_\_\_\_\_

Your account # at Company \_\_\_\_\_

I authorize the company indicated to initiate debit entries to make my bill payments from from my checking account at the financial Institution listed above. I understand that if at any time I decide to discontinue this payment service, I will notify the affected company.

Signature \_\_\_\_\_ Date \_\_\_\_\_

After completion, please print this form, sign, and mail it to the referenced company.