

Automatic Bill Payment  
Authorization



To: \_\_\_\_\_ (the "Service Provider")

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

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

Effective \_\_\_\_/\_\_\_\_/\_\_\_\_, I Authorize and direct the Service Provider to initiate debit entries to my Huron Community Bank account indicated below to pay amounts due on my Service Provider account as specified below. This authorization will remain in effect until the Service Provider receives written notice of termination from me in such time and such manner as to afford the Service Provider a reasonable opportunity to act on it. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

**This Automatic Bill Payment Authorization terminates any previous authorization received by the Service Provider from me.**

Service Provider Account Number: \_\_\_\_\_

Amount to pay Service Provider: \_\_\_ Full Amount Due \_\_\_ Minimum Payment Due \_\_\_ Other: \$ \_\_\_\_\_

Account Information

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

Checking Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Customer Authorization

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

Print Name: \_\_\_\_\_ Tax ID (SSN or EIN): \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

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

\*If this form is not sufficient to establish Direct Deposit, please forward the authorized form to me at the address above\*

Additional Comments

*Attach a voided check or a deposit ticket for verification of your account information.*