



## Authorization for Automatic Payment

(Send this form to your vendor)

**Name:**

**Phone Number:**

**Address:**

**City:**

**State:**

**Zip:**

**Bank Name:** Day Air Credit Union **Routing Number:** 242277808

**Bank Address:** Day Air Credit Union  
P.O. Box 292980, Kettering, OH 45429-8980

**Bank Account Number:**  Checking Account  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 DAY AIR CREDIT UNION CHECK IN THIS AREA**