



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**