

Authorization for Automatic Payment

(Send this form to your vendor)

Name:

Phone Number:

Address:

City:

State:

Zip:

Bank Name: Premier Credit Union **Routing Number:** 2719-8898-0

Bank Address: 1212 W. Northwest Hwy Palatine, IL 60067-1897

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 PREMIER CREDIT UNION CHECK IN THIS AREA**