

Automatic Payment Authorization

Name _____ Phone Number _____

Address _____

City _____ State _____ ZIP _____

CLAY COUNTY STATE BANK Transit/ABA # 081209985
111 North Church Street - P. O. Box 248 Bank Phone 1.618.665.3314
Louisville, Illinois 62858 Bank Fax 1.618.665.3619

Bank Account Number* _____ Checking Account

_____ Savings Account

Vendor Account Number _____

I (we) authorize _____ and Clay County State Bank to initiate variable entries to my checking/savings account.

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. Also I 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 _____

Joint Signature _____ Date _____

*Please include a voided check or deposit slip with this form when submitting to the vendor.