



Automatic Payment Authorization

Name: Phone Number:
Address:
City: State: Zip:

Bank Name: *PointBank*

Bank Address: *P.O. Box 278 GPilot Point, TX 76258 USA*

Bank Account Number*: ☐ checking account ☐ savings account

Vendor Account Number:

I (we) authorize (vendor name) and *PointBank* 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. 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: _____

Second Signature (if joint account): _____

*Include voided check or deposit slip with this form when sending to vendor