

## Step 3: Automatic Payment Authorization Form

Complete this form to authorize your service providers to electronically debit your Arbor Bank checking, savings, or money market account. Use one form for each automatic payment. Make additional copies as needed. Mail to service provider when completed.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Service Provider

Name of Service Provider: \_\_\_\_\_

Service Provider's Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Account Number with Service Provider: \_\_\_\_\_

Effective immediately, please use the account listed below for the automatic payment.

Arbor Bank Account Type:  Checking  Savings

Arbor Bank Account Number: \_\_\_\_\_

Arbor Bank ABA Routing Number :104900527

*I am closing the existing account number \_\_\_\_\_ from which you are currently authorized to deduct automatic payments. This form authorizes you to establish an automatic payment deduction from my new Arbor Bank account effective on this date \_\_\_\_\_.*

I authorize the service provider listed above to initiate payments from my Arbor Bank account also listed above. This authorization will remain in effect until you receive a written notice of termination from me. I acknowledge the origination of ACH transactions to my account must comply with the provision of US laws.

Primary Accountholder's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Joint Accountholder's Signature \_\_\_\_\_

Date: \_\_\_\_\_