

Direct
PAY

DEBIT AUTHORIZATION



I authorize you and the financial institution listed below to initiate electronic entry to my Credit Card.

The deduction will be made on or about the due date as noted on the bill.

The authorization is to remain in full force and effect until the Cooperative has received written notification of its termination. Allowing in such time and in such manner as to afford Cooperative and Depository a reasonable opportunity to act on it.

Name (Please print)

Financial Institution

Signature

City/State

Phone Number

Visa American Express Exp. _____
 MasterCrd Discover Date _____

OFFICE USE ONLY:

ACCOUNT NUMBER _____

ROUTING and TRANSIT NUMBER _____

EXP. DATE _____

Credit Card Account Number