

auto payment – authorization

Date: _____

From:

Name

Address

Address

City

State

Zip

My bank account information is:

Bank Name: **Lake Elmo Bank**

Bank Address: **Post Office Box 857 Lake Elmo MN 55042**

Routing #: **091910196**

Bank Account Number: _____ Checking Savings

My company account information is:

Account number _____
at _____

I (we) authorize _____,
hereafter "COMPANY" and Lake Elmo Bank, hereafter "BANK" to initiate variable
entries to my bank checking / savings account as noted above. This authorization
will remain in effect until I notify the COMPANY in writing to cancel it. 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 the COMPANY retains its normal
collection rights.

Signature

Date

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

