



Authorization for Automatic Payment

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Financial Institution Information:

Northern Lights Credit Union Routing #: 211691457
1004 Memorial Drive Phone: 802-748-2288
St. Johnsbury, VT 05819

Account #: _____ _____ Checking _____ Savings

Vendor Name: _____

Vendor Account Number : _____ Payment Amount: \$ _____

I (We) authorize _____ to initiate variable entries to the account listed above.

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.

I also agree that I remain obligated to pay for these services if a change to my account is dishonored, for
whatever reason, and that _____ retains its normal collections rights.

Signature: _____ Date: _____

Joint Signature: _____ Date: _____

Note: For Verification Purposes Attach a Voided Northern Lights Credit Union Check.