



Debit Authorization

I (we) authorize **PAYDAY BIG SPRING** to electronically debit my (our) account, (and if necessary, electronically credit my (our) account to correct inaccurate debits) as follows:

Financial Institution: _____

Type of Account: ☐ Checking ☐ Savings

Routing Number: _____

Account Number: _____

Amount of Debit: ☐ \$100 Monthly ☐ \$1,200 Yearly

Date of Debit(s) ☐ 1st of month ☐ 15th of month

Date of first debit: _____

I (we) understand that this authorization will remain in effect until I (we) notify **PAYDAY BIG SPRING** in writing that I (we) wish to terminate this authorization. I (we) understand that **PAYDAY BIG SPRING** requires at least 30 days prior to cancel this authorization. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

PLEASE ATTACH A VOIDED CHECK TO THIS COPY

Signature(s): _____

Printed Name(s): _____

Date: _____