



Authorization for Automatic Payment

(Send this form to your vendor)

Name: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Bank Name: Day Air Credit Union

Routing Number: 242277808

Bank Address: Day Air Credit Union

P.O. Box 292980, Kettering, OH 45429-8980

Bank Account Number: _____ Checking Savings

Vendor Name: _____

Vendor Account Number: _____ Payment Amount: _____

I/we authorize _____ to initiate variable entries to my checking/savings.

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 in the event that a charge to my account is dishonored, for whatever reason, and that _____ retains its normal collection rights.

Signature: _____ Date: _____

Second Signature (if joint account): _____

**NOTE: FOR VERIFICATION PURPOSES
ATTACH A VOIDED DAY AIR CREDIT
UNION CHECK**