

Chippewa Valley Post

Debit Auto Pay Authorization Agreement

Check one: Begin Payment Change information

I (we) authorize Chippewa Valley Post to electronically **debit** my (our) account and, if necessary, to electronically credit my (our) account to correct erroneous debits as follows:

Checking Account / Savings Account (select one) at the depository Financial Institution named below. I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Financial Institution: _____

Routing Number: _____ **Account Number:** _____

Name(s) on the account: _____

Debit transaction frequency:

- Single Entry** (one-time payment)

- Recurring Entries** (entries that recur at substantially regular intervals, without further Affirmative action by the Receiver)

Date of debit (if Single Entry) or date of first debit: _____

Number of and/or frequency of debits: _____

Authorized Debit Amount: _____

I (we) understand that this authorization will remain in full force and effect until I (we) provide Chippewa Valley Post with written notification that I (we) wish to terminate or change in such time and such manner as to allow Chippewa Valley Post a reasonable amount of time to act on said notification.

Name(s): _____
(Please Print)

Date: _____

Signature(s): _____