



Authorization for Automatic Payment

(Send this form to your vendor)

Name:

Phone Number:

Address:

City:

State:

Zip:

Bank Name: Park Community Federal Credit Union **Routing Number:** 283079476

Bank Address:
Park Community Federal Credit Union
6101 Fern Valley Road
Louisville, KY 40228
Transit/ABA# 283079476

Bank Account Number: Checking Account Savings Account

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 PARK COMMUNITY FEDERAL CREDIT UNION CHECK IN THIS AREA**