

# **NEW Automatic Withdrawal/Payment Authorization**

To (Vendor Name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_

Social Security Number / Tax ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**I am submitting this letter as written notification of my request to have my regular payment/bill automatically deducted from my account with Legacy Bank. Please initiate this request as soon as possible.**

Account # with Vendor: \_\_\_\_\_

Debit Amount: \$ \_\_\_\_\_ (if constant)

Preferred Debit Date: \_\_\_\_\_ (monthly)

## **WITHDRAWAL ACCOUNT INFORMATION**

Financial Institution: Legacy Bank

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ABA Routing #: 103104887 Account #: \_\_\_\_\_

Account Type: (check one) \_\_\_\_\_ checking, or \_\_\_\_\_ savings

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date