



Automatic Payment Authorization

(Send this form to your vendor)

Name:
Phone Number:
Address:
City:
Bank Name: MY CREDIT UNION Routing Number: 2910-7545-9
Bank Address: MY CREDIT UNION 9550 Lyndale Ave. S Bloomington, MN 55420
Bank Account Number:
Vendor Name:
Vendor Account Number:

State:

Zip:

Checking Account

Savings Account

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 MYCU CHECK IN THIS AREA