



Automatic Payment Authorization

(Send this form to your vendor)

Name:		
Phone Number:		
Address:		
City:	State:	Zip:
Bank Name:	TEXAR Federal Credit Union Routing Number: 311989344	
Bank Address:	TEXAR Federal Credit Union 2301 Richmond Road Texarkana, TX 75503	
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 TEXAR FEDERAL CREDIT UNION CHECK IN THIS AREA**