

## Authorization for Automatic Payment

(Send this form to your vendor)

**Name:**

**Phone Number:**

**Address:**

**City:**

**State:**

**Zip:**

**Credit Union Name:** Consumers Credit Union **Routing Number:** 271989950

**Credit Union Address:** 1075 Tri-State Parkway, #850  
Gurnee, IL 60031

**Credit Union  
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 CONSUMERS CREDIT UNION CHECK IN THIS AREA