



# Automatic Payment Authorization Form:

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

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

Address: \_\_\_\_\_  
(street)

\_\_\_\_\_  
(city)

\_\_\_\_\_  
(state, zip)

Bank Name: VIST Bank Transit/ABA# 031312194

Bank Address: 1044 MacArthur Road, Reading, PA 19605

Bank Acct No: \_\_\_\_\_ Checking: \_\_\_ Savings: \_\_\_

Vendor Acct No: \_\_\_\_\_

I (We) authorize (vendor name) \_\_\_\_\_ and VIST Bank 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.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary signature (if joint acct): \_\_\_\_\_

**\*Include voided check or deposit slip with this form when sending to vendor**