

DIRECT CREDIT AUTHORIZATION FORM

Updated 8.16.23



Complete **ALL** information below (Please print).

Name:

Address:

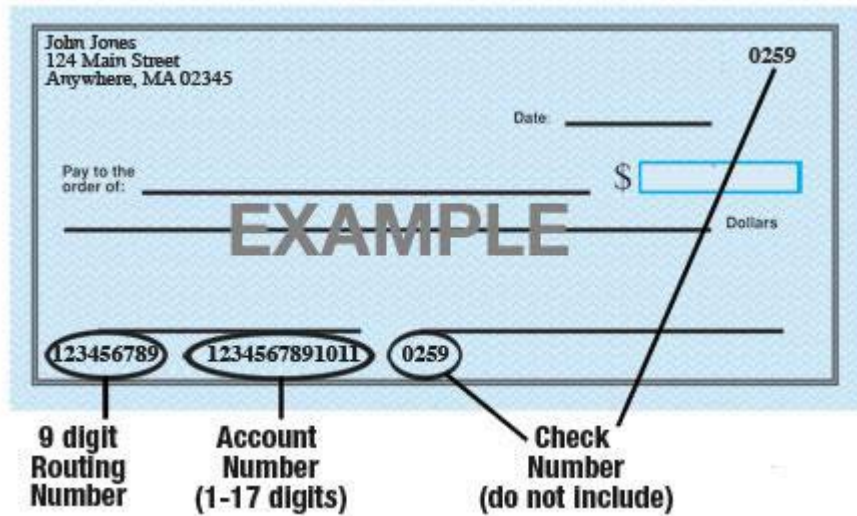
City:

State:

Zip:

Phone

Email:



Name of Bank:

Account #:

9-Digit Routing #:

Entire Payment

Partial Payments:

Type of Account: Checking Savings

Please attach a voided check for each bank account to which funds should be debited.

authorizes **Range Printing** to directly credit my payment(s).

This authorization will remain in effect until I modify or cancel in writing.

Signature:

Date: