## DIRECT CREDIT AUTHORIZATION FORM

Updated 8.16.23

Signature:

Date:



Complete <b>ALL</b> information below (Please print).			
Name:			
Address:			
City:		State:	Zip:
Phone		Email:	
John Jones 124 Main Street Anywhere, MA 02345  Pay to the order of:  Dollars  Dollars  Dollars  Dollars  Dollars  Dollars  Check Routing Number Number (1-17 digits)  (do not include)			
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 <b>Range Printing</b> to directly credit my payment(s). This authorization will remain in effect until I modify or cancel in writing.			