

DIRECT PAYMENT AUTHORIZATION

I (we), _____, hereby authorize **Creation Corner**, hereinafter called **CC**, to initiate credit entries into the **CC checking account** at Bank of O'Fallon. These entries are authorized from my account at the financial institution named below, hereinafter called **DEPOSITORY**. This debit to my account at my **DEPOSITORY** is authorized in the amount listed below. Also, if necessary, I authorize **CC** to initiate any adjusting entries (debits or credits) to correct any error to my (our) account listed below. This authority is to remain in full force and effect until **CC** has received written notification from me (or either of us) of its termination in such a time and in such a manner as to afford **CC** and **DEPOSITORY** a reasonable opportunity to act on it.

Depository Name	
City, State and Zip	
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Saving	Amount:
Routing/Transit/ABA #:	Account #:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Signature

Date

Signature

Date

**Attach Your Voided Check Here
(if checking account is to be used)**

Please check one only:

1st This direct payment will be monthly on the 1st of the month in the amount as indicated above.

15th This direct payment will be monthly on the 15th of the month in the amount as indicated above.

1st and 15th This direct payment will be semi-monthly on the 1st and 15th of the month in the amount as indicated above.

Note: Deposit slips do not show the routing/transit/ABA number and therefore cannot be used.

****Verify with the banking institution the correct electronic ABA/routing number to use for proper debiting/crediting of your account.**

For Creation Corner Use Only

Starting Date: _____

Expiration (last date of transmission) Date: _____