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AUTOMATIC PAYMENT BANK ACCOUNT CREDIT/DEBIT AUTHORIZATION FORM

I hereby authorize Highway Two to initiate entries to my account at _____ (Your Financial Institution), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Highway Two is notified by me in writing to cancel it in such time as to afford Highway Two and My Financial Institution a reasonable opportunity to act on it.

Customer Account Information

_____ Bank

_____ Address - (Branch, City, State & Zip)

_____ Print Name

_____ Address City State ZIP

Maximum Amount Per Transaction: \$ _____ . _____

Checking/Savings Account Number: _____ Checking Savings

Routing Number: _____ (9 digits. Look between these symbols |: |: on the bottom of your check)

_____ (Signature) _____ / ____ / ____ (Date)

Please Fax a voided Check with this form.
Do not use a deposit slip.

We Accept Visa, Mastercard & Check by Fax

