



**STEP 5 Automatic Payment Authorization**

**Instructions:** Complete this authorization to begin automatic withdrawals from your DoverPhila Federal Credit Union account.

<b>Personal Information</b>	
Member Name	SSN
Vendor Name	Account Number with Vendor
Address	City   State   Zip
Home Phone #	Work Phone #

I authorize to initiate variable entries to my account at DoverPhila Federal Credit Union. I authorize DoverPhila Federal Credit Union to initiate debit entries from my DoverPhila Federal Credit Union account to be applied to my account with whom this authorization is addressed. I understand that an NSF Fee may be assessed each time an ACH debit entry is rejected due to insufficient funds.

This authorization will remain in effect until I notify in writing to cancel it in such time as to afford a reasonable time 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.

Please take my payment from my account at:

**DoverPhila Federal Credit Union**  
119 Fillmore Ave | Dover, OH 44622  
**Routing Number:** 241280650  
Account Number:

Begin taking payments from my Savings/Checking on a Occurance basis on the Date of the month.

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