



Authorization for Automatic Payment

(Send this form to your vendor)

Name:

Phone Number:

Address:

City:

State:

Zip:

Credit Union Name: Consumers Credit Union

Routing Number: 271989950

Credit Union Address: 300 N. Field Drive, Lake Forest, IL 60045

Credit Union Account #:

☐ Checking Account

☐ Savings Account

Vendor Name:

Vendor Account #:

Payment Amount: \$

I (we) authorize to initiate variable entries to my checking/savings.

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

Signature: _____ Date: _____

Second Signature (if joint account): _____

NOTE: FOR VERIFICATION PURPOSES
ATTACH A VOIDED CONSUMERS CREDIT UNION CHECK IN THIS AREA