



# Authorization for Automatic Payments

Prime Alliance Bank is hereby authorized and directed to debit my (our) checking account # \_\_\_\_\_ to transfer to (Name) \_\_\_\_\_, Account # \_\_\_\_\_ ABA # \_\_\_\_\_.

This payment will:

be a One-time Payment to be initiated on \_\_\_\_\_

be a Reoccurring Payment which will begin on \_\_\_\_\_, and will reoccur Monthly on the \_\_\_\_\_.

The amount of this payment will be \$\_\_\_\_\_.

I (we) understand that this authorization will remain in full force and effect until I (we) notify Prime Alliance Bank by phone or address below, that I (we) wish to revoke this authorization. I (we) understand that Prime Alliance Bank requires at least 3 business days prior notice in order to cancel this authorization.

X \_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Position in Company (if applicable)

\_\_\_\_\_  
Phone number

X \_\_\_\_\_  
Authorized Signature (if secondary is required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Position in Company (if applicable)

\_\_\_\_\_  
Phone number