



## Authorization for New Automatic Payment

(Send this form to your company)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Union Name: BayPort Credit Union      **Routing Number: 251481368**

Credit Union Address: BayPort Credit Union, One BayPort Way, Suite 350, Newport News, VA 23606

Credit Union Account Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Account Number: \_\_\_\_\_ Payment Amount: \_\_\_\_\_

I (we) authorize \_\_\_\_\_ to initiate variable entries to my checking/savings.  
(company name)

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

I also agree that I remain obligated to pay these services in the event that a charge to my account is dishonored, for whatever reason, and that \_\_\_\_\_ retains its normal collection rights.  
(company name)

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

Second Signature (if joint account): \_\_\_\_\_

**NOTE: FOR VERIFICATION PURPOSES ATTACH A VOIDED BAYPORT CREDIT UNION CHECK TO THIS FORM.**