



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, 3711 Huntington Ave., Newport News, VA 23607

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.