Automatic Payment Transfer Form

To: _____ (henceforth the "*Service Provider*")
   merchant/payee

_____
address

_____
city   state   zip

My *Service Provider* Account Number: _____

Effective ____/____/_____, I authorize the **Service Provider** to debit my First American Bank account in the recurring amount of:

☐ Full Payment   ☐ Minimum Payment   ☐ Other _____

If possible, please debit my account on the ____ of each month. This Automatic Payment Authorization terminates any previous authorization received by the **Service Provider** from me.

FIRST AMERICAN BANK   Information - Begin payments from this account.

Bank Name: **First American Bank**

Account Number: _____   ☐ Checking   ☐ Savings

Routing Number: **071922777**

Please remember to attach a voided check from your First American Bank account.

Customer Authorization

_____
full name (print)

_____
address

_____
city   state   zip

Signature _____   Date _____