



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