



ACH Authorization Form

Date: _____

Customer Name _____ Phone: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

BPUB Account Number _____

Type of Account _____

Routing/Transit No _____

Account Number _____

Financial Institution Bank Name: _____

Bank Address: _____

Bank City/State: _____

Bank Phone: _____

I authorize BPUB to withdraw funds from my bank, savings and loan, or credit union account in the amount of my monthly charges. This withdrawal will be made on day _____ of every month. I understand that I control my payments, and if at any time I decide to stop or suspend this payment service, I will notify BPUB in writing 30 days in advance.

I understand that if my automatic draft is returned for non-sufficient funds or account closed I may be charged additional fees and collection actions may be taken.

My signature below indicates that I have verified and confirmed that all of the information provided above is correct.

A voided check must be submitted along with this form.

Customer Signature

Date