



## Authorization for Automatic Payment

(Send this form to your vendor)

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

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

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

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Bank Name:** Park Community Credit Union **Routing Number:** 283079476

**Bank Address:** \_\_\_\_\_  
6101 Fern Valley Road  
Louisville, KY 40228  
Transit/ABA# 283079476

**Park Community Credit Union**

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Louisville, KY 40228  
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**Bank Account Number:** \_\_\_\_\_

Checking Account  Savings Account

**Vendor Name:** \_\_\_\_\_

**Vendor Account Number:** \_\_\_\_\_

**Payment Amount:** \_\_\_\_\_

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

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

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

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

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

**NOTE: FOR VERIFICATION PURPOSES**  
ATTACH A VOIDED PARK COMMUNITY CREDIT UNION CHECK IN THIS AREA