

MJF and Associates, Inc. - Automatic Payment

**AUTHORIZATION FORM** (Required Fields)

Organization Name: *FILL IN*

Customer Id #

Date:

Effective Date of Authorization: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Authorization:    New Authorization    Change Payment Amount    Change Payment Date  
                                  Change Banking Information    Discontinue Electronic Payment

Last Name

First Name

Street Address

City

State

Zip

Email Address

Payment Frequency     ONE-TIME    Recurring (select one)     WEEKLY     MONTHLY     ANNUAL     OTHER \_\_\_\_\_

Date of One-Time Payment \_\_\_\_/\_\_\_\_/\_\_\_\_    Amount \$ \_\_\_\_\_

Date of First Payment \_\_\_\_/\_\_\_\_/\_\_\_\_    Amount of Recurring Payment: \$ *Fill In*

Routing Number:

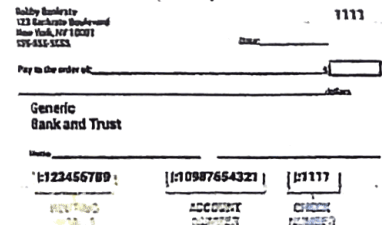
Please debit payment from my (check one)

Savings Account  
(contact your financial institution for your routing #)

Checking Account  
(staple a voided check to bottom of page)

Valid Routing # Must Start With 0, 1, 2 or 3

Account Number:



*I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.*

Authorized Signature: \_\_\_\_\_

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