CROSSWINDS DIRECT DEBIT AUTHORIZATION

Crosswinds Flying Club, Inc PO Box 432, Bloomington, IL 61701

Direct Debit

Please complete this form to authorize Crosswinds Flying Club to direct debit your monthly account balance direct to the Crosswinds' checking account at Town and Country Bank, on or about the 15th of each month. Direct Debit will utilize the ACH electronic payment system.

Check all that apply:		
☐ Initial direct debit set up		
☐ Update/change information	on	
-	s Flying Club to electronically debit my accou count to correct erroneous debits). I agree th licable laws.	• • • • • • • • • • • • • • • • • • • •
Account Type (check one)		
☐ Checking Account		
☐ Savings Account		
Depository Name:	((Bank)
Routing Number:		
Account Number:		
Names on Account:		
Flying Club, in writing that I w	zation will remain in full force and effect untivish to revoke this authorization. I understand weeks prior notice in order to cancel this aut	d that Crosswinds
Name:	(please p	orint)
Signature:	Date:	