

Authorization for Direct Automatic Payment of Monthly Bill



Bethany Community and Ecumen now offer electronic payment of your monthly bill for your convenience. You will receive your regular monthly bill which will detail the amount to be pulled from your bank account on the 5th of the month. **You do not have to change your present banking relationship to take advantage of this service.**

Direct Pay will help you in many ways:

- **Automatic Bill Payments**
Your payments are paid automatically from your checking or savings account. You don't have to write checks!
- **Time and Money Savings**
You save the time spent writing and mailing checks plus the cost of stamps, checks, and envelopes.
- **Reliable**
Your bill is paid on time, every time. You never have to worry about forgetting a payment, or mailing it on time.
- **Safe**
Automatic payments are extremely accurate. And there are no checks to be lost, stolen, or delayed in the mail.

All You Need To Do Is:

1. Complete the bank information: name, address, account number and routing number.
2. Please print your name, address and telephone number. Then sign and date the form.
3. Attach a voided check for account verification of all financial institution information.

Simply complete the form in order to take advantage of Direct Payment:

Resident Authorization - Please fill out and return to the Business Office

I authorize Ecumen and Wells Fargo to initiate electronic debit entries each month for charges incurred, and if necessary credit entries and adjustments for any debit entries in error to the accounts listed below.

This authority is to remain in full force and effect until the Company has received written notification from me (or either one of us) of its termination in such time and manner as to afford the Company a reasonable opportunity to act on it.

- | | |
|---------------------------------|---|
| <input type="checkbox"/> New | <input type="checkbox"/> Savings Account |
| <input type="checkbox"/> Change | <input type="checkbox"/> Checking Account |
| <input type="checkbox"/> Close | |

Account Number

Transit Routing Number

Financial Institution

Please print Name: _____

Phone: _____

Address: _____

Signature

Date

Location Bethany Community – Alexandria, MN