

AUTHORIZATION FOR DIRECT PAYMENT

I authorize the **Alabama Automated Clearing House Association (ALACHA)** to initiate an annual debit for membership dues to the account provided below. This authorization will remain in effect until cancellation is provided in writing to ALACHA within a reasonable amount of time prior to scheduled transaction.

(Name of Financial Institution)

(Address)

(City)

(State)

(Zip Code)

(Signature)

(Date)

(Title)

(Name – Please Print)

Account No.

Checking_____Savings_____GL_____

Routing Number for Account Listed Above
