

**Direct Debit  
Authorization Agreement**

Company Name: Mount Orab BPA.

I hereby authorize the above named company ("The Company"), to initiate debit entries from my account indicated below at the bank named below ("The Bank"). The debit entries are payment for services and/or goods rendered by the Company to me:

Bank Name: \_\_\_\_\_

Routing Transit/ABA Number: \_\_\_\_\_

Account Type (Checking or Savings): \_\_\_\_\_

Account Number: \_\_\_\_\_

This authorization is to remain in full force and effect unless I no longer receive the Company's services and/or goods, or until the Company has received written notification from me of its termination in such time and in such manner as to afford the Company a reasonable opportunity to act on it.

Customer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Telephone No: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Company / By: \_\_\_\_\_

Company (BPA) Account Number: \_\_\_\_\_

- **FOR VERIFICATION PURPOSES A VOIDED CHECK  
MUST ACCOMPANY SIGNED AGREEMENT**