



Authorization for Automatic Payment
Send this to your service providers

Name: Bank you are closing Account with
Phone Number: Primary Account Holder
Address: Street, City and State, Zip

Bank Information:

First General Credit Union
589 East Ellis Road, Muskegon, MI 49441
Routing #: 272483099

Account Number: Checking Savings
Vender Name: Recurring Once
Vender Account# Payment Amount: \$

I (we) authorize Service Provider Name to initiate variable entries to my checking/savings.

This authorization will remain in effect until I notify Service Provider Name in writing to cancel it in such time as to afford Service Provider Name a reasonable opportunity to act. I also agree that I remain obligated to pay for these services in the event that a charge to my account is dishonored, for whatever reason, and that Service Provider Name retains its normal collection rights.

Primary Signature: Date

Secondary Signature (if joint account ownership):

FGCU First General Credit Union logo
Attach Voided First General Credit Union Check Here