



# Authorization for Automatic Payment

(Send this form to your vendor)



Name:

Phone Number:

Address:

City:

State:

Zip:

Bank Name: 1st Bergen Federal Credit Union Routing Number: 021-283-916

Bank Address: 1st Bergen Federal Credit Union  
93-95 Main Street, Hackensack, NJ 07601

Bank Account Number:  Checking Account  Savings Account

Vendor Name:

Vendor Account Number:

Payment Amount:

I (we) authorize \_\_\_\_\_ to initiate variable entries to my  
checking/savings.

This authorization will remain in effect until I notify \_\_\_\_\_ in  
writing to cancel it in such time as to afford \_\_\_\_\_ 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  
\_\_\_\_\_ retains its normal collection rights.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Second Signature (if joint account): \_\_\_\_\_

**NOTE: FOR VERIFICATION PURPOSES  
ATTACH A VOIDED NORSTATE FEDERAL CREDIT UNION CHECK IN THIS AREA**