



**AUTOMATIC PAYMENT AUTHORIZATION**

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

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I authorize \_\_\_\_\_  
(Company Name)

to begin/change an electronic deduction from my checking account with Range Bank for the payment of my bill, account number \_\_\_\_\_. I understand that it is my responsibility to notify you if I change my checking account number or if I choose to cancel participation in the Automatic Bill Payment plan.

My Range Bank Account information is as follows:

RANGE BANK  
100 N. Front Street  
Marquette, MI 49855

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

