



AUTOMATIC WITHDRAWAL AUTHORIZATION

Submission Date: _____

(3 CONSECUTIVE MONTHS MINIMUM REQUIRED FOR DISCOUNT)

Purpose of Authorization: (check one)

New Authorization
(complete A, B, C and E)

Cancellation
(complete A and D)

A. Customer Information

Customer's Name (please print) _____

Phone _____

Address _____

City, State, Zip _____

B. Banking/Financial Institution Information

Name of Bank/Financial Institution _____

Phone Number of Institution _____

Account Number _____

Bank ABA/Routing Number _____

Checking Savings

C. New Authorization Statement

Program/Activity: _____

Participant: _____

Program/Activity: _____

Participant: _____

(Use back of sheet for additional programming or description space)

Please check the months you are committing to:

July Aug. Sept. Oct. Nov. Dec. Jan. Feb. Mar. Apr. May June

I authorize and request (Sunset Empire Park and Recreation District) to instruct my financial institution to make my payments, credit entries and adjustments for any errors to my account for the payment of the program(s) listed above. I also understand I may discontinue this authorization at any time by giving written notice to (Sunset Empire Park and Recreation District). I realize this information will be used solely for the purpose of consumer withdrawal. The withdrawal will happen on the 5th of each month checked above.

Customer's Signature _____

Date _____

D. Cancellation Statement

I request (Sunset Empire Park and Recreation District) to terminate my authorized automatic withdrawal for payment to my account. I will allow a reasonable time for (Sunset Empire Park and Recreation District) to act upon my request to terminate this agreement.

Customer's Signature _____

Date _____

**Contact Finance Manager, Marcus Runkle, with any questions.
503-738-3311 ext. 104 | mrunkle@sunsetempire.com**

E. PLEASE: STAPLE VOIDED CHECK HERE