



Automatic Payment Authorization Request

Company Name

Address, City, State & Zip

Fax Number

I would like the following payment to be automatically debited from my Liberty National Bank account according to my instructions below.

Company Information

Company Name

Contact Name

Address

Phone Number

Amount

Effective Date

Bank Account Information

Please debit the following account:

Account Type: Checking Savings Money Market

Liberty National Bank's Routing Number: 073922869

Account Number: _____

I authorized _____ (payee) to initiate payments from my Liberty National Bank account indicated above.

Signature

Signature

Print Name

Print Name