



120 NE 22nd Ave, Canby, OR 97013 / 503-263-8568 / www.allegrodancer.com

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
Electronic Funds Transfer**

I hereby authorize Chase Bank to initiate entries to my (our)

Debiting Account:

Financial Institution

Name on Account

Acct. Type

Amount \$

Monthly Date for Withdraw Circle One 1st of the month 10th of the month

Effective Date

Termination Date

Description:

Attach Voided Check (Not a deposit slip)

This authorization is to retain in full force and effect until Chase Bank has received written notification from me (or either one of us) of its termination in such time and in such manner as to afford Chase Bank a reasonable opportunity to act on. In consideration of you providing this special service, I hereby agree that you shall not be responsible for error or omission in doing so.

Signature of Debiting Customer X

Date

Authorization Revoked X

Date