



Yes! Sign me up for Automatic Bank Withdrawal

Important: Your automatic bank withdrawal will start NEXT MONTH. Please pay your current bill by check or online.

Starting NEXT month, I would like my payment withdrawn monthly on the following date: ___10th ___15th ___20th

Withdraw my payment from the following account: ___Checking ___Savings

Financial Institution Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Include a voided check/or savings account slip to ensure payment is withdrawn from the proper account.

I authorize Alliance to electronically debit my account (and, if necessary, electronically credit my account). ACH transactions I authorize comply with all applicable law. This authorization will remain in effect until I notify Alliance by phone, in person, or in writing that I wish to revoke this authorization. Alliance requires 30 days prior notice to cancel this authorization.

Name(s): (Please print) _____

Alliance Account Number: _____

Date: _____

Signature(s): _____

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