



AUTOMATIC DEBIT AUTHORIZATION (A.C.H)

Name: _____

Address: _____

Telephone Number: () _____ - _____

Account Number: _____ - _____

Bank Information

Bank Name: _____

Bank Address: _____

Routing Number (ABA Number): _____

Account Number: _____

Payment: (Please choose according to your payment plan)

_____ Weekly Monday Tuesday Wednesday Thursday Fridays

_____ Twice per month 05 10 15 20 25 30 Select (two days)

_____ Monthly 05 10 15 20 25 30 Select (one days)

_____ Bi-Weekly Tentative to payroll, please call office

Payment Amount \$ _____

***PLEASE INCLUDE A CANCELLED OR VOIDED CHECK.**

I authorize Overland Bond and Investment Corp. (OBI) to debit my bank account as indicated above. I understand that OBI has the right to originate credit entries to my bank account in order to correct any debit/credit errors. I understand that if the funds are not available in my bank account on the designated debit date I will be charged a \$25.00 NSF fee. This authorization shall remain in effect until OBI is notified by me in writing to cancel it in such time as to afford OBI and your Bank a reasonable opportunity to act on it. OBI reserves the right to refuse or cancel this service at any time.

Signature: _____ Date: _____

OFFICE USE ONLY

Date Received: _____ Processed by: _____

Customer Confirmed: ____ Yes ____ No Date/Time: _____