Modern Woodmen Bank

AUTOMATIC PAYMENT AUTHORIZATION

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Bank Name:	**Modern Woodmen Bank** **Transit/ABA # 071174512**
Bank Address:	**1701 First Avenue** **Rock Island, IL 61201**
Bank Account Number*:	_____ **❑ Checking ❑ Savings**
Payee Account Number:	_____

I (we) authorize _____ and Modern Woodmen Bank to initiate
(Payee Name)
variable payments to my checking/savings. This authorization will remain in effect until I notify

_____ in writing to cancel the payment in such time as to
(Payee Name)
afford _____ a reasonable processing timeframe. Also I
(Payee Name)
agree that I remain obligated to pay for these services in the event that a charge to my account is dishonored, for whatever reason, and that _____ retains its
(Payee Name)
normal collection rights.

_____ _____
(Date) (Primary Account Holder Signature)

_____ _____
(Date) (Secondary Account Holder Signature, if joint account)

**** Include voided Modern Woodmen Bank check or deposit slip with this form when sending to business.***