

Power-Up Monthly Auto-Pay Form

Approved/Accepted **AUTHORIZATION AGREEMENT FOR ACH COLLECTIONS**

I hereby authorize **POWER-UP** hereinafter called POWER-UP, to initiate debit entries to my
____ Checking ____ Savings account (select one or both) at the depository financial institution(s)
named below for the purposes of payments.

Bank: _____

ROUTING/ABA # _____ **ACCOUNT #** _____

CHECKING _____ **SAVINGS** _____ (Select one)

Amount Approved: \$ _____

AUTHORIZED SIGNATURE _____

PRINT NAME _____