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*Electronic Payment Authorization Form*

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Submit this form to the merchants and service providers with which you have automatic payment charged from your account. \* This may include but is not limited to: Loans, Cable, Phone, Insurance, Internet, Gas, Electric, Water and Account Transfers.

Name of Payee/Merchant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your Name \_\_\_\_\_ Account Number \_\_\_\_\_

**FINANCIAL INSTITUTION INFORMATION:**

Your Legacy Federal Credit Union

25 Shaffer Park Dr.

Tiffin, Ohio 44883

Routing/Transit Number: **241281772**

Effective/Start Date: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Savings Account Number: \_\_\_\_\_ Amount \$ \_\_\_\_\_

I hereby authorize and request the merchant named above to withdrawal the amounts indicated from Your Legacy Federal Credit Union beginning on the effective/start date indicated above and until further notice from me. If this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_