



Automatic Payment Authorization

Name: _____ Phone Number: _____

Address: _____

Bank Information: Central Bank Transit/ABA # 063116203
20701 Bruce B. Downs Blvd Tampa, FL 33647

_____ checking savings

Vendor Account # _____

I (we) authorize _____ (vendor name) and Central Bank to initiate automatic withdrawals from my checking/savings account. This authorization will remain in effect until I notify _____ (vendor name) in writing to cancel it in such time as to afford _____ (vendor name) a reasonable opportunity to act. Also I 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 _____ (vendor name) retains its normal collection rights.

Furthermore, I acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. Law.

Signature: _____ Date: _____

Second Signature (if joint account requires)

Please note:

- If you are transferring your account from another financial institution, it is recommended that you maintain accounts at both financial institutions until your automatic withdrawal is complete.
- If you would like information regarding when your automatic withdrawal will become effective, contact the organization that generates your automatic withdrawal.
- The organization may require you to complete additional forms in order to process your transfer.