



# AutoPay

P.O. Box 468 . Greenville, AL 36037

P.O. Box 40 Sardis, AL 36775

## BANK DRAFT AGREEMENT

Name \_\_\_\_\_

Address \_\_\_\_\_

### PIONEER ACCOUNTS TO BE DRAFTED

- |    |       |               |
|----|-------|---------------|
| 1. | _____ | SERVICE _____ |
| 2. | _____ | SERVICE _____ |
| 3. | _____ | SERVICE _____ |
| 4. | _____ | SERVICE _____ |
| 5. | _____ | SERVICE _____ |
| 6. | _____ | SERVICE _____ |

MY CHECKING ACCOUNT NUMBER IS:

\_\_\_\_\_

MY ROUTING NUMBER IS:

\_\_\_\_\_

BANK NAME IS:

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

Your signature is authorization to draft the stated bank account for the above listed accounts. Please attach a voided check with this form and return it to the co-op. Usually it takes two billing periods to set this draft up with the bank. You may have to make the next payment as usual.