



P.O. Box 3198, Shallotte, N.C. 28459 • 640 Whiteville Road NW (910) 754-4311

AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENTS

I (we) authorize ATMC to automatically debit my (our) checking or savings account from the bank indicated below:

NAME: _____

PHONE #: _____ CYCLE: _____

SIGNATURE/DATE: _____

For Office Use Only

BANK NAME: _____

TRANSIT/ABA #: _____

ACCOUNT #: _____

PRENOTE: _____

START DATE: _____

*****ATTACH VOIDED CHECK HERE*****