

# ACH TRANSFER AUTHORIZATION

**To:** VisionBank  
3031 SW. Wanamaker Rd.  
Topeka, KS 66614

**From:** Customer Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

**Re:** Account Number \_\_\_\_\_ Account Type \_\_\_\_\_

**Re:** Automatic ACH Transfer

I am authorizing you to establish an automatic direct payment **to/ from (circle one)** my account listed above. Listed below is the information needed to establish the new automatic payments which are to continue until written authorization to cease transfer is received by VisionBank.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security # / Tax I.D. \_\_\_\_\_

## **PAYMENT INFO:**

Weekly \_\_\_\_\_ Day of the week payment is to be made \_\_\_\_\_  
Monthly \_\_\_\_\_ Day of the month payment is to be made \_\_\_\_\_  
Amount \_\_\_\_\_ First transfer effective date \_\_\_\_\_

## **TO / FROM (circle one – opposite from above) BANK INFO:**

Bank Name \_\_\_\_\_  
Bank ABA/Routing # \_\_\_\_\_  
Account Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Account Type Checking \_\_\_\_\_ Savings \_\_\_\_\_

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## **Authorization to Cease Automatic Transfer**

I, \_\_\_\_\_, request VisionBank to cease the above mentioned Automatic ACH Transfer on account # \_\_\_\_\_ effective \_\_\_\_\_.

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