



**Authorization Agreement for Automatic Deposits (ACH Credits)**

*I authorize the Bloomingtondale Communications and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify Bloomingtondale Communications in writing to cancel it in such time to act on it.*

\_\_\_\_\_  
(Name of financial institution) (Branch)

\_\_\_\_\_  
(City) (State) (ZIP code)

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Name-please print) (Billing Number)

\_\_\_\_\_  
(Address-please print)

\_\_\_\_\_  
(Account Number) ( )Checking ( )Savings

Financial Institution Routing Number \_\_\_\_\_  
(contact your bank for this number)

**Please include a voided check or a copy of a check made out to:  
Bloomingtondale Communications, Inc.**

**Retain for Your Records**

*On this date \_\_\_\_\_, I authorize Bloomingtondale Communications at 101 W. Kalamazoo Street, P.O. Box 187 in Bloomingtondale, MI 49026, to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to the address above.*