

**BankPlus**  
**Authorization for Automatic Payment**

I authorize BankPlus to initiate entries to my checking/ savings account. This authority will remain in effect until I notify in writing to cancel it, in such time to afford BankPlus a reasonable opportunity to act on it.

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(Name – Please Print)

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(Address)

Checking / Savings Account to be Debited \_\_\_\_\_

Financial Institution Name \_\_\_\_\_ Aba # \_\_\_\_\_

Checking / Savings Account with BankPlus to be Credited \_\_\_\_\_

Effective date of transfer \_\_\_\_\_ Amount \$ \_\_\_\_\_

(Note: Must be at least ten days from current date)

Customer Signature \_\_\_\_\_

(Note: Must be signed by owner of account to be debited.)

**Please attach a voided check for Bank Name and Aba Number verification.**

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*BankPlus Employee Name* \_\_\_\_\_

*Employee Location* \_\_\_\_\_

*Employee Ip Phone Number* \_\_\_\_\_

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*(Cut here for Customer's Record)*

On \_\_\_\_\_ I authorized BankPlus 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 BankPlus at any time by writing to the following address:

BankPlus  
Attn: ACH Department  
P O Box 677  
Belzoni MS 39038

Payment Amount \$ \_\_\_\_\_ Payment Date \_\_\_\_\_