



Main Branch
 1117 28th St. P.O. Box 375
 Manistee MI 49660
 231-723-3400

Parkdale Branch
 11778 Kemmer Rd. P.O. Box 375
 Manistee MI 49660
 231-398-0431

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 SINCE 1951

Filercu.com



AUTOMATIC PAYMENT AUTHORIZATION
 (send this form to your vendor)

Name: _____

Phone Number: _____ Date: _____

Address: _____

City: _____

State: _____ Zip: _____

Bank Name: **Filer Credit Union** Routing Number: **272479867**

Bank Address: **Filer Credit Union**
 PO Box 375
 Manistee MI 49660

Bank Account Number: _____ Checking Account Savings Account

Vendor Name: _____

Vendor Account Number: _____

Payment Amount: _____

I (we) authorize _____ to initiate variable entries to my checking/savings.
 (vendor name)

This authorization will remain in effect until I notify _____ in writing to cancel it
 (vendor name)
 in such time as to afford _____ a reasonable opportunity to act.
 (vendor name)

I also agree that I remain obligated to pay for these services in the event that a charge to my account is dishonored, for whatever reason, and that _____
 (vendor name)
 retains its normal collection rights.

Signature: _____ Signature (joint owner): _____