



AUTOMATIC PAYMENT AUTHORIZATION

Use this form to notify payees that you wish to have your automatic payment come from your Edgewater Bank account. Complete and sign one copy of this form for each automatic payment and send them to the payee(s) (make additional copies as needed). To ensure accuracy, please attach a voided check from your new Edgewater account to each Automatic Payment Authorization Form you use.

Payee Name: _____

Address: _____

City/State/Zip: _____

Customer Name (Print): _____

Address: _____

City/State/Zip: _____

Account Number: _____

Account Information

BANK NAME: Edgewater Bank

ROUTING/TRANSIT NUMBER: 272471153

BANK ACCOUNT NUMBER: _____

BANK ACCOUNT IN NAME OF: _____

I hereby authorize the aforementioned payee to take automatic payments, as per our original agreement, from the Edgewater Bank account listed above.

Customer Signature

Date