



making it happen

PLEASE KEEP COPY FOR YOUR RECORDS

AUTO-DEBIT AUTHORIZATION FORM

Please call 1-800-111-1111 for assistance.

By filling out the needed information below, you will authorize the Salient Financial Solutions, Inc. to automatically deduct your payment for dues and services from your checking account. This agreement will remain in force until we receive a written cancellation from you. You may also select which charges you wish to pay by circling the appropriate invoice type code. Auto-debits will begin on the first of the month following receipt of this authorization form. Please fill in the information requested below and circle the invoice types you would like to set-up for automatic payment.

Authorization:

FUTURE PAYMENTS I (we) hereby authorize Salient Financial Solutions, Inc. to initiate debit entries to my/our (select one) Checking Savings Account indicated below at the Depository Financial Institution named below, hereinafter called depository, and to debit the same to such account.

• If you are selecting to have an automatic bank account debit you must attach a voided check to his form.

Last Name		First Name		Middle Initial	Address
Payment Type (Please circle one)	Card or Bank Account Number	Routing Transit Number	Checking Or Savings (Circle One)	Credit Card Expiration Date	
Bank Debit (Check)*			C/S		
Visa/Master Card/Amex/Discover					
Visa/Master Card/Amex/Discover					

(Signature)

(Date)

Name – PLEASE PRINT