



BANK DRAFT - AUTOMATIC AUTHORIZATION

SECTION I. Monthly Withdrawals from Checking or Savings Account

Check ONE Initial Authorization Discontinue Change

Renter's First Name MI Last Name (_____) Day Phone

Street City State ZIP

Taxpayer ID/Social Security Number

SECTION II - YOUR BANK ACCOUNT INFORMATION

A. Type of Account (Check ONE) Checking Savings

B. Bank Account Number _____

C. Name(s) on Bank Account _____

D. Financial Institution _____

E. ABA Routing Number (9 digits) _____
Obtain from bank or financial institution.

Return this form with a voided check or savings deposit slip.

SECTION III - DIRECT DEBIT FROM YOUR ACCOUNT

Amount of Monthly Deduction \$ _____

By signing this form, the undersigned authorize STEELEHOG, LLC to make automatic withdrawals of funds on the _____ (INSERT DATE OF WITHDRAWAL) day of each month from the account listed above in the amount stated.

Signature _____ Date _____

Signature, if Joint Account _____ Date _____

It is the account owner's responsibility to notify STEELEHOG, LLC of changes in financial institution information. Changes may be made by providing STEELEHOG, LLC with a new Bank Draft-Automatic Authorization form revising the original instructions.