



AUTHORIZATION FOR DIRECT PAYMENT

I hereby authorize OPD5 to initiate debits from my checking or savings account named below. I understand that I am responsible to notify OPD5 of any changes to my checking account.

My Name: _____ Today's Date: _____

OPD5 Account Number: _____

Signature: _____

This authorization is to remain in full force and effect until OPD5 has received written or verbal notification from me to terminate this agreement. OPD5 and my bank shall have a reasonable opportunity to act on the request to terminate.

Bank: _____ Checking Savings

City & State _____

Routing # _____ Account # _____

**** A \$25.00 return check fee will be applied to your account for all returned payments to OPD5 from your bank.****

Notes and comments _____

**Please provide a personalized copy of a check to ensure proper routing.
(Counter checks cannot be accepted!)**

(Copy of personalized check here)
