

Authorization Agreement for Automatic Withdrawal of Funds

Client ID# _____
(leave blank if not applicable)

Name on Bank Account (please print) _____

Address _____

City _____ State _____ Zip _____

Please debit payments directly from my (check one): Checking Account (attach voided check)
 Savings Account (attach savings deposit slip)

Routing Number: _____ Account Number: _____
Located at bottom of check between the symbols | : :

Initial set up payment of **\$10.00**

To be taken on: The initial set up fee of **\$10.00** will be taken at the time Vanco sets up your account. There will also be a fee of \$10.00 for any additional changes made after the original set-up.

Payment Information

Monthly payment amount: \$ _____ Date of first payment: _____ (mm/yy)

Preferred payment date (please check one): 1st 5th 10th 15th 20th 25th

I authorize **CCCS of Kern & Tulare Counties** and **Vanco Services, LLC** to process debit entries from my account. This authority will remain in effect until I give written notice at least five business days prior to my transfer date to terminate this authorization or until the last specified payment date. I understand there will be a \$25 NSF fee automatically charged to my account for insufficient funds (NSF) transactions. I also understand that there will be a one-time \$10 set-up fee charged by CCCS automatically taken from my account. I have attached a voided check or savings deposit slip

Signed: _____ Date: _____

Please place voided check or savings deposit slip here.