

2. Authorization of Withdrawals

To:

Name of Biller/Provider

Address

City, State, Zip

Account Number with Biller

From:

Customer Name(s)

Address

City, State, Zip

- | |
|---|
| <input type="checkbox"/> Establish Automatic Payment or Transfer from my Sun checking account |
| <input type="checkbox"/> Change Automatic Payment or Transfer to my Sun checking account. |

- | |
|---|
| <input type="checkbox"/> Via ACH
Checking Number _____
Routing Number _____
_____ I have attached a voided check |
|---|

- | |
|---|
| <input type="checkbox"/> Via my Check Card
Visa Check Number _____
Visa Check Expiration Date _____ |
|---|

This request should take effect:

- Immediately Beginning _____

Additional Instructions:

If this form is not sufficient to complete this request or if you have any questions, please contact me at:

Daytime Phone Number

I authorize the Biller/Provider indicated above to initiate payments/transfers from my Sun checking account. These instructions shall remain in effect until I provide a new written notice.

Customer Signature

Date

Joint Signature (if applicable)

Date

Member FDIC