



Automatic Payment Authorization Request

Company Name

Address, City, State & Zip

Fax Number

I would like the following payment to be automatically debited from my Liberty National Bank account according to my instructions below.

Company Information

Company Name

Contact Name

Address, City, State & Zip

Phone Number

Amount

Effective Date

Bank Account Information

Please debit the following account:

Account Type: Checking Savings Money Market

Liberty National Bank's Routing Number: 073922869

Account Number: _____

I authorize _____ (payee) to initiate payments from my Liberty National Bank account indicated above.

Signature

Signature

Print Name

Print Name