

Automatic Payment Authorization



I authorize Comerica Bank to charge my account shown below for the indicated amount. My payment will be charged to the account listed below on the 1st and/or 15th of each month, unless this day is a Sunday, or holiday; in which case, it will be on the following business day. I also authorize adjusting entries to correct errors. I agree that these adjustments may be made electronically and under the Rules of the applicable Automated Clearing House Association (ACHA). This authorization will remain in effect until you are notified of its cancellation. I may stop payment at any time by notifying The Journey at least two weeks in advance.

Name:			
Address:			
Phone:			
Email:			
Account to be drawn from:			
Amount to be withdrawn for general fund:			
would like the withdraw to take place: on the 1 st (please circle one)	on the 15 th	both dates	
Your Signature (both signatures if joint signers)		date	

You must also include a **voided check** with this form.

You will receive an email from The Journey to confirm that you are participating in automatic payments and a start date for those automatic payments.