



**AUTO WITHDRAWAL TRANSACTION INFORMATION:**

**Resident name:** \_\_\_\_\_

\*\*\*\*Attach voided check and complete the information below. Please sign the form to grant authorization to withdraw funds electronically from your bank.

- 1. Name on bank account \_\_\_\_\_
- 2. Account number \_\_\_\_\_
- 3. Bank Routing number \_\_\_\_\_
- 4. Name of Bank \_\_\_\_\_
- 5. Account Type (Checking or Savings) circle one.

I authorize Washington Odd Fellows Home to withdraw funds via ACH from the bank account listed for the monthly statement balance due and payable each month.

\_\_\_\_\_  
Authorizing signature Print name

Please return this to Terry Nix at Washington Odd Fellows Home, 534 Boyer Avenue, Walla Walla, WA 99362. You may email it to [tnix@oddfellows.com](mailto:tnix@oddfellows.com) or drop it off at the front office.

All auto debit transactions occur on the 5<sup>th</sup> of every month, unless it is a weekend or holiday, then it will be the next business day following.

