



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 Savings

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 Name _____ Date _____

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 or drop it off at the front office.

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

