

# PARK FOREST COOPERATIVE III

Area J  
294 Lakewood Blvd  
Park Forest, IL 60466  
Phone: 708-481-9280  
Fax: 708-481-9297

## AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENT

COOPERATIVE

NAME: Park Forest Coopertive III, Area J

MEMBER

ADDRESS: \_\_\_\_\_

I hereby authorize \_\_\_\_\_, hereinafter called COOPERATIVE, to initiate credit or debit entries to my checking account at the financial institution hereinafter called the INSTITUTION named below, to credit or debit same to such account.

INSTITUTION NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

ROUTING/ABA #: \_\_\_\_\_ CHECKING ACCOUNT#: \_\_\_\_\_

This authority is to remain in full force and effect until COOPERATIVE and INSTITUTION has received written notification from me of its termination in such time and in such manner as to afford COOPERATIVE and INSTITUTION a reasonable opportunity to act on it.

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

(PLEASE PRINT)

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_