



Automatic Bank Payment Withdrawal

IMPORTANT: Your automatic bank withdrawal will process on the 5th of each month starting NEXT month. Please pay current bill due online, by mail, or over the phone.

Name of Financial Institution: _____

City: _____ State: _____

Bank Routing Number: _____

Bank Account Number: _____ Checking Savings

(Include a Voided Check or a Savings Account Slip to ensure payment.)

I authorize RC Technologies and the financial institution name above to initiate entries to my checking account/savings account via ACH and/or web transaction. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I understand that RC Technologies requires at least 5 days prior notice to cancel this authorization.

Name(s): (Please print) _____

RCT Account Number: (Located on Invoice) _____

Email Address: _____

Phone Number (Required): _____

Date: _____ Signature: _____

When signing up for Paperless and Autopay, a \$2 monthly credit will be applied to the account.