



Authorization Agreement For Preauthorized Payments

Member/Company Name: _____

I (We) hereby authorize **Vermilion Advantage, NFP**, to initiate debit entries to my (our) ()Checking ()Savings account (select one) indicated below at the depository named below.

Depository Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Transit Router/ABA Number: _____

Depository Account Number: _____

Reoccurring: () Annually in January () Semi-annually in January & July

Type of Debit: () Variable* () Fixed \$ _____

***Variable** would indicate that you want any future invoices to be paid by ACH. Those things could include Member Roundtable Meetings, HR/Safety Council Meetings, Special Events, and various others. An email would be sent to get approval for any other ACH transaction, other than membership payments, before the transaction is done.

This authority is to remain in full force and effect until **Vermilion Advantage, NFP** has received written notification from me (or authorized person) of its termination in such time, and in such manner to afford **Vermilion Advantage, NFP** and **depository** a reasonable opportunity to act on it.

Name(s): _____

Title(s): _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Questions? Contact Jo Doggett, Finance Manager, at jdoggett@vermilionadvantage.com or phone 217-442-6201.