

(937) 437-2821 Toll-Free (866) 437-2821

317 N. Washington St. P.O. Box 10 New Paris, OH 45347

A division of HisWay partners, Inc.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

CUSTOMER NAME			CUSTOMER NUMBER	
CUSTOMER STREET ADDRESS	CITY		STATE	ZIP
Hometown, a division of HisW		istomer") does		
account indicated below for pa	• •		o customer s	5 Oank
BANK NAME	BRANCH			
ROUTING AND TRANSIT NUMBER	ACCOUN	ACCOUNT NUMBER		
		☐ CHECKING	☐ SAVINO	SS
CITY	STATE AL	L CHARGES	☐ BUDGET PAY	YMENT ONLY
Customer understands that this House and that Hometown can in no way affect debit entries in	terminate or modify this a	greement at any		
All credit and other terms and a	requirements between Cust	comer and Hom	etown remai	n in effect.
PLEASE ATT	ACH A VOIDED CHEC	K OR DEPOS	SIT SLIP	
AUTHORIZED this	day of			20
CUSTOMER SIGNATURE				
SEND DRAFTS TO: E-MAIL (prefe	rred) / FAX			
2 man (prote	,			