PATHWAY

AUTOMATIC BANK DRAFT AUTHORIZATION

Simple. Secure. Worry-Free.

Enroll in automatic bank draft and your monthly payment will be securely drafted from your checking or savings account on your due date.

- No stamps.
- No late payments.
- No hassle.

CUSTOMER INFORMATION

Account Holder Name

Service Address

City | State | ZIP

Contact Number

Email Address

BANKING INFORMATION

Financial Institution

Branch Address (City, State, ZIP)

Routing Number

Account Number

ACCOUNT TYPE

☐ Checking ☐ Savings

DRAFT OPTIONS

CHOOSE YOUR PREFERENCE

☐ Automatically draft my monthly bill each month.

☐ Save my banking information only (no automatic payments).

REQUIRED

Please attach one of the following:

- A voided check

OR

- An official bank document showing your routing and account number

AUTHORIZATION

I authorize **Pathway** to initiate electronic withdrawals from the financial institution listed above for payment of my monthly services.

This authorization will remain in effect until I notify Pathway in writing to cancel it, allowing a reasonable amount of time for processing.

Signature _____ Date _____

Printed Name _____

IMPORTANT

We will auto draft your account on the 10th of every month. Please ensure your account has sufficient funds to avoid fees.