

Authorization for Automatic Debt Repayment

Date: [Insert Date]

To: [Creditor's Name]

Address: [Creditor's Address]

City, State, Zip Code: [City, State, Zip Code]

Dear [Creditor's Name],

I, [Your Name], residing at [Your Address], hereby authorize you to initiate automatic debit transactions from my bank account for the payment of my debt account #[Your Account Number].

Effective immediately, please debit my account on the due date as per the agreed schedule. My bank account information is as follows:

Account Holder Name: [Your Name]

Bank Name: [Your Bank Name]

Account Number: [Your Account Number]

Routing Number: [Your Routing Number]

This authorization will remain in effect until I provide a written cancellation notice to you at least [Number of Days] days prior to the next debit date.

Thank you for your assistance.

Sincerely,

[Your Signature] (if sending a hard copy)

[Your Printed Name]

[Your Phone Number]

[Your Email Address]