



Complete this authorization to have automatic withdrawals made from your TENCU account. Print one authorization for each company that you wish to make automatic withdrawals from your account. Remember to change any automatic payments made by debit cards.

Date:					1025
Company:		ters for their			-
Address:					alam 🖻 5877
City/State/Zip:		4000000000	. 400000000000	4 1025	
TO WHOM IT MAY CONCERN:			 Account #		
Please discontinue withdrawals fr	om below.				
You are currently withdrawing \$ _	(amou	int) on a			(when)
basis for my		(v	vhat paym	nent is fo	or) from:
Old Financial institution:					
Account or Card #					
Routing #					
BEGIN WITHDRAWALS FROM	MY NEW CHECKING A		Г АТ:		
TENCU	Routing #		264080	853	
1400 8th Avenue, Nashville, TN 37203	Checking Account #				
	J CARD:				
Card #	Expiration:			CVV:	
I WILL BE USING TENCU'S BIL	L PAY TO MAKE FUTURI		NTS.		
CONTACT ME USING THE INFORMA	TION BELOW REGARDIN	G ANY QI	JESTIONS		CERNS:
Signature:					
Name:					
Address:					
City/State/ZIP:					
Phone:					