

# Electronic Payment Authorization 2025

**1** Please fill out the following account information:

Name of subscriber: \_\_\_\_\_ ARAC#: \_\_\_\_\_

**2** Please select one of the following autopay options:**ANNUAL PAYMENT – Amount due every January****Automatically Recurring**

Credit or Debit card

Card#: \_\_\_\_\_

Exp date: \_\_\_\_\_

EFT DEduction

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Bank name: \_\_\_\_\_ Checking Savings

**Non-recurring** (You will receive a direct bill and must initiate payment)

Credit or Debit card

Card#: \_\_\_\_\_

Exp date: \_\_\_\_\_

**QUARTERLY PAYMENT – Amount Due every January, April, July, and October****Automatically Recurring**

Credit or Debit card

Card#: \_\_\_\_\_

Exp date: \_\_\_\_\_

EFT DEduction

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Bank name: \_\_\_\_\_ Checking Savings

**Non-recurring** (You will receive a direct bill and must initiate payment)

Credit or Debit card

Card#: \_\_\_\_\_

Exp date: \_\_\_\_\_

**MONTHLY PAYMENT – Deducted automatically every month****Automatically Recurring**

Credit or Debit card

Card#: \_\_\_\_\_

Exp date: \_\_\_\_\_

EFT DEduction

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Bank name: \_\_\_\_\_ Checking Savings

Allotment deduction (withdrawn from Retirement Pay)

**3** Please sign to authorize this automatic payment

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_