

## Automatic Draft Authorization Form

I (we) hereby authorize **The Wedded Bliss** hereafter to initiate a **Debit** entry to my (our) checking/savings account at the Financial Institution indicated below, and initiate adjustments (if necessary) for any transactions debited in error. This authority will remain in effect until The Wedded Bliss is notified by me (us) in writing to cancel it in such time as to afford The Wedded Bliss and the Financial institution a reasonable opportunity to act on it. Date to Initiate Debit per agreement will be on or around the 10<sup>th</sup> of each month.

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Location (City, State)

Financial Institution's Routing Transit # \_\_\_\_\_

\_\_\_\_\_  
Checking or Savings Account #

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Customer Name (Please Print)

\_\_\_\_\_  
Company name

\_\_\_\_\_  
Monthly Amount to Debit per  
agreement with Company

\_\_\_\_\_  
On or around the 10<sup>th</sup> of each month  
Date to Initiate Debit per agreement with Company

**Please attach a Copy of a Voided Check Below.**