

Automatic Withdrawal Enrollment Form

Business _____

Contact Person _____

Account information:

ABA#: _____

Acct. #: _____

Withdrawal to be made: Monthly Quarterly Twice (anniv. date & in 6 months)

Other (please specify dates to be withdrawn) _____

Withdrawal amount: _____

Signature authorizing withdrawal: _____

Withdrawal will continue until cancelled by Business or Columbus Area Chamber. Any future adjustments in withdrawal amount will be made only with prior notification to business.

Thank you for your investment in our area through the Columbus Area Chamber of Commerce!!!