



Automatic Payment Authorization Form
(Send this form to your vendor)

Name: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Financial Institution: Credit Union of Dodge City **Routing Number:** 301178013

Address: P O Box 1028, Dodge City, KS 67801

Credit Union

Account Number: _____ Checking: Savings:

Vendor Name: _____

Vendor Account Number: _____ Payment Amount: _____

Signature: _____ Date: _____

Please attach a voided check from Credit Union of Dodge City
for Verification Purposes