

BANK DRAFT AUTHORIZATION

I hereby authorize Rainier Connect to draft from my checking account. This authorization will remain in effect until I have cancelled it.

Name of Bank: _____

City: _____ State: _____ Zip: _____

Bank Routing Transit number _____

Checking Account Number: _____

Customer Signature: _____

If available, attach a voided check to below:

**There is a \$20.00 fee for any returned items.*

Please return signed form to:

Rainier Connect
Attention Billing Dept
PO Box 639
Eatonville, WA 98328

Company use only:

Taken by: _____ Date: _____