

Automatic Bill Pay

Member # _____

Print Name

I would like to have my monthly statement paid for by ACH (taken from my bank account) every month, business day closest to the 10th of each month. Please attach a void check.

Routing Number

Account Number

Signature

Date

I would like to have my monthly statement paid for by credit card on the 1st of every month. I understand that there is a \$15.00 monthly fee for this service.

Card Number

Expiration Date

Signature

Date

I decline having automatic bill payment. I prefer to pay my bill monthly by check.

Signature

Date

Email completed form to: Accountant@pinnaclecc.com
For questions, call **479-418-7477**