Application for Monthly Payment of Annual Dues via Electronic Draft

Member's Name		
Financial Institution's Name		
Financial Institution's Routing Number (Should match the routing # shown on the voided check.) Financial Institution's Account Number (Should match the account # shown on the voided check.)		
Date account will be electronically drafted: (Please select only one.)	5 th	20 th
By signing below the member and account ow member) agree to have the aforementioned monthly basis for payment of the member's dues in accordance with Article II of the Press By-Laws.	account annual	drafted on d membership
Member's Signature		
Account Owner's Signature		
Attach Voided Check Below Here: (The check should be from the account you want drafted on a m		