

Alliance of Transylvanian Saxons
Your Account
Autopay Electronic Funds Transfer Application

Sign up for Autopay electronic funds transfer (EFT)

With Autopay electronic funds transfer, ATS will deduct your amount due from your bank account on the due date of your annuity or insurance premiums. To enroll, complete all information and be sure to sign the authorization form below.:

Name ATS Annuity or Life Ins Number

Address City State Zip code

Your Telephone Number Email

Bank Routing Number Checking/Savings Account Number

For Checking Account attach a voided copy of check
For Savings Account attach a voided copy of deposit slip

Name of Bank Amount of Annuity or Insurance Premium

Mode of Payment: Monthly Quarterly Semi-Annually Annually

Authorization:

I, _____, on _____ authorize
Signature of Bank Account Holder Date

the Alliance of Transylvanian Saxons to make arrangements with the bank or financial institution specified on this form to deduct my Annuity or Life Insurance Premiums from my checking/savings account. I understand that I may discontinue participation in the Autopay service at any time by informing the Alliance of Transylvanian Saxons of my intentions in writing to the Alliance of Transylvanian Saxons.