



Electronic Auto Renewal Payment Service Enrollment Form

Return this form, a voided check and your membership application and your annual membership fee will be automatically deducted from your bank account each year.

Yes – Enroll me in KSHA’s new service, Electronic Auto Renewal

Member Name _____
(Please Print)

Membership Number _____

I hereby authorize The Kentucky Speech-Language-Hearing Association to initiate debit entries to my Checking Account/Savings Account and depository financial institution indicated below.

Please provide the following

Depository (Bank) Name _____ **Branch** _____

City _____ **State** _____ **Zip** _____

- **Routing Number** _____
- **Account Number** _____
- **Copy of voided check - Return with this application**

This authorization is to remain in effect until KSHA has received written notification from me of its termination.

Name (please print) _____

Date _____

Signature _____

The bank account you provide above will automatically be charged each year to renew your annual membership. A reminder notification, prior to payment processing, will alert you of the pending transaction. Please note that the initial membership charge may take several weeks for processing.