

**KENTUCKY**  
Speech-Language-Hearing  
Association



**Electronic Auto Renewal Payment Service Enrollment Form**

Return this form, a voided check and your membership application to have your annual membership fee automatically deducted from your bank account.

***Yes! Enroll me in Electronic Auto Renew***

**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 provided 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.*