



**Stow-Glen Inc.**

**4285 Kent Road  
Stow, OH 44224**

**Automatic Withdrawal Form**

**Authorization Agreement for Electronic Funds Transfer**

I hereby authorize **Stow-Glen Inc.** to initiate automatic withdrawals to my account at the financial institution named below. I also authorize **Stow-Glen Inc.** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Stow-Glen Inc.** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in withdrawing funds to my account.

This agreement will remain in effect until **Stow-Glen** receives a written notice of cancellation from me or my financial institution, or until I submit a new automatic withdrawal form to **Stow-Glen Inc.**

**Resident Account Information**

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_      Checking       Savings

**Authorized Signature to Proceed with this request**

Name on Account: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_      Date: \_\_\_\_\_

**Please attach a voided check or deposit slip and return this form to  
Stow-Glen Inc Accounting Department.**