

**Debit Authorization**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Please deduct the scrip invoice amount from the below bank account:

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account       Checking       Savings

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

(Please attached a voided check)

I authorize "NOSA" to deduct the amount of our invoice each time we order scrip from NOSA on the same date that we order:

*(This deduction will be made by NOSA on the date of the order or shortly thereafter. If the account balance is low and this deduction cannot be made that day, NOSA will repeat this transaction the following day. We will mail a notice if we were not able to complete the transaction for any order.)*

I understand I may discontinue this plan at any time by contacting "NOSA"

Please begin the automatic deduction on the date of this agreement

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

Scan and e-mail to [nwoscrip@gmail.com](mailto:nwoscrip@gmail.com) or copy and mail original to:

NOSA  
2828 West Central Ave. #8  
Toledo, OH 43606

ATTACH VOIDED CHECK HERE