



AUTO PAY YOUR WAY

Automatic Transfer from HAPO Account

Member's Name: _____ New Change to existing

Transfer Amount _____ Posting Date _____

Account From _____ Suffix _____ Account To _____ Suffix _____

I understand that this request will remain in full effect unless terminated by me in writing.

Signature

Date

***Please submit this form by mail at 601 Williams Blvd Richland, WA 99354, by fax at 509-946-8787, or email as an attachment to hapo@hapo.org**