



Grand Island Chamber of Commerce  
2257 Grand Island Boulevard  
Grand Island, New York 14072

Phone: 716-773-3651 / Fax: 716-773-3316  
[www.gichamber.org](http://www.gichamber.org)

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### ELECTRONIC PAYMENT AUTHORIZATION FORM

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GICC Member Name: \_\_\_\_\_

Business/Organization: \_\_\_\_\_

I hereby authorize Grand Island Chamber of Commerce to initiate credit entries to my checking account to the banking institution named below. I acknowledge that the origination of ACH (Automated Clearing House) transactions to my account must comply with the provisions of United States law.

This authorization is to remain in full effect until the Grand Island Chamber of Commerce receives written notification from me. Written authorization must be received 30 days before any change or termination is required.

GICC Banking Institution: First Niagara Bank

Branch Office: 2435 Grand Island Boulevard  
Grand Island, NY 14072

Member Banking Institution: \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\*Please Attach a Voided Check\*\***

\_\_\_\_\_  
Email