



**Neighborhood Jobsite Mailings**

## **AUTOMATIC BANK DRAFT FORM**

I hereby authorize JobSite Mailing, LLC to withdraw from my checking account each month the amount as stipulated in our contractual agreement (enrollment form).

Name \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip code: \_\_\_\_\_

\_\_\_\_\_  
Bank Name (depository):

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

**Please fax this completed form and a voided check to:**

Fax: 860 656-9226

JobSite Mailing, LLC  
PO Box 689  
Avon, CT 06001  
Phone: 877 465-6274