

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

COMPANY
NAME _____

COMPANY
ID NUMBER _____

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate credit entries to my (our) Checking Savings account (select one) indicated below at the depository Financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

DEPOSITORY
NAME _____

BRANCH _____

CITY _____

STATE _____ ZIP _____

ROUTING NO. _____

ACCOUNT NO. _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____ ID NUMBER _____
(PLEASE PRINT)

DATE _____ SIGNED X _____ SIGNED X _____