



## AUTHORIZATION AGREEMENT FOR ACH CREDITS

COMPANY NAME \_\_\_\_\_ hereinafter called COMPANY.

I (we) hereby authorize COMPANY, to initiate credits entries to my (our)

checking  savings account (select one)

at the depository financial institution named below, hereinafter called DEPOSITORY,  
and to credit the same to such account.

Depository name \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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

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

Name \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

I authorize COMPANY and DEPOSITORY to initiate designated entries to my checking/savings account. This authority will remain in effect until I notify COMPANY or DEPOSITORY in writing to cancel in such time as to afford the COMPANY reasonable opportunity to act.

**PLEASE COMPLETE THIS FORM AND RETURN IT TO THE COMPANY WITH A DEPOSIT SLIP OR VOIDED CHECK.**