

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Originator Name: _____ Receiver Name: _____

I (we) hereby authorize _____ to initiate credit entries to my (our) Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law and ACH Rules.

Credit Information:

Depository Name: _____ Account Type: Checking Account Savings Account
City: _____ State: _____ Zip: _____
Routing Number: _____ Account Number: _____

Debit Information:

Bank Name: _____ Account Type: Checking Account Savings Account
City: _____ State: _____ Zip: _____
Routing Number: _____ Account Number: _____

Entry Information:

Amount of Entry: _____ Start Date: _____ Frequency: Monthly

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

Originator Signature: _____ Date: _____

Receiver Signature: _____ Date: _____
(not required)

