



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
Hereinafter called COMPANY, to initiate credit entries to my \_\_\_ Checking Account/  
\_\_\_ Savings Account (select one) indicated below at the depository financial institution  
named below, hereafter called DEPOSITORY, and to credit the same to such account. I  
acknowledge that the origination of ACH transactions to my account must comply with  
the provisions of U.S. law.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

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

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

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

Name \_\_\_\_\_ ID Number \_\_\_\_\_

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

NOTE: WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE  
RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE  
ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.