

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Company Name _____ Company ID Number _____

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate credit entries to my (our) account below and if necessary, electronically debit my (our) account to correct erroneous credits as follows:

Checking Account/ Savings Account (select one) at the depository financial institution named below, hereinafter called DEPOSITORY. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Information:

Name _____ Branch _____
City _____ State _____ Zip _____
Routing Number _____ Account Number _____

I (we) understand that this authorization will 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. I (we) understand that COMPANY requires at least _____ days/weeks prior notice in order to cancel this authorization.

Name(s) _____	ID Number _____
Date _____	Signature _____