

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)



Company Name:

Company Tax ID Number:

I (we) hereby authorize _____ herein called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) CHECKING SAVINGS account indicated below and the depository named below, herein called DEPOSITORY, to debit and/or credit the same to such account. I (we) also acknowledge that the origination of ACH transactions to my (our) 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 the 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):
(please print)

ID Number:

Date:

Signed

Signed

Please staple to this form a voided check to verify bank account information for deposits into a Checking Account or a deposit slip for deposits into a Savings Account.

		8508
		Date
Pay to the Order Of:		\$ <input type="text"/>
Amount		Dollars
Memo		
<u>084000026</u>	<u>8508</u>	<u>000000000</u>
Routing Number	Account Number	