

COMPANY NAME _____

I (we), _____ hereby authorize _____, hereinafter 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 (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit 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.

DEPOSITORY NAME _____

CITY _____ STATE _____ ZIP _____

ROUTING TRANSIT/ABA NO. _____ - _____ - _____ - _____ - _____

____ Checking/ ____ SAVINGS (select one)

ACCOUNT NO. _____

This authority is to 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 a reasonable opportunity to act on it. I am an authorized signer, or otherwise have authority to act, on the account identified above.

NAME(S) _____ DATE _____

SIGNED _____