

Credit Entry Authorization

Authorization for Direct Deposits (ACH CREDITS)

COMPANY:

TAX ID NUMBER:

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate credit entries to my (our) Checking / 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 (we) 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/ABA # _____ ACCOUNT NO. _____

This authorization 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 and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____

TAX ID #/SSN _____

DATE _____

SIGNED _____