

Authorization Agreement for Direct Deposit

I hereby authorized _____ (company name) to initiate credit entries and initiate, if necessary, debit entries and adjustments for any credit entries in error due to my checking account indicated below and the depository (Bank) named to credit and/or debit the same such account. The authority is to remain in full effect until _____ (company name) has received written notification from me of its termination in such manner as to afford _____ (company name) a reasonable opportunity to act on it.

FINANCIAL INSTITUTION _____

BRANCH _____ **ACCOUNT TYPE (Savings/Checking)**

CITY _____ **STATE** _____ **ZIP CODE** _____

TRANSIT/ABA NO. _____ **ACCOUNT NO.** _____

NAME _____ **PHONE** _____
(PLEASE PRINT)

SIGNED _____ **DATE** _____