

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH DEBIT)

CONSUMER NAME _____

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate DEBIT entries and to initiate, if necessary, CREDIT entries and adjustments for any DEBIT 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.

DEPOSITORY

NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____

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 and DEPOSITORY a reasonable opportunity to act on it.

NAME (S) _____

(PLEASE PRINT)

DATE _____

SIGNED _____

SIGNED _____