

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS  
ACH CREDITS**

Company Name:  
(Please circle one)



I (WE) hereby authorize the above named company, hereinafter referred to as the Originator, to initiate credit entries to the account indicated below, and to initiate corrective reversal entries (debits) to the account indicated below in the event any credit entries are originated in error.

Name of Depository Financial Institution: \_\_\_\_\_

Location of Depository Financial Institution:

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Transit/ABA Number \_\_\_\_\_ (nine digits)

Account Number \_\_\_\_\_

Type Account \_\_\_\_\_ (Checking or Savings)

This authority is to remain in effect until the Originator has received my/our written notification of its termination in such time and in such manner as to afford the Originator a reasonable opportunity to act upon it.

NAME(S) \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(please print)

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

**AFFIX VOIDED OR CANCELLED CHECK BELOW**