



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS (ACH DEBITS)

COMPANY NAME _____ COMPANY ID NUMBER _____

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 Account Savings Account (**select one**) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account in amounts that range between \$ _____ and \$ _____.

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(1) _____ ID NUMBER _____

(PLEASE PRINT)

SIGNATURE _____ DATE: _____

NAME(2) _____ ID NUMBER _____

(PLEASE PRINT)

SIGNATURE _____ DATE: _____

***** ATTACH A VOIDED CHECK*****