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**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)**

Company Name \_\_\_\_\_ ID Number \_\_\_\_\_

I (we) hereby authorize \_\_\_\_\_, hereinafter called COMPANY, to initiate credit entries to my (our) Checking Account / 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 originator of ACH transactions to my (our account) must comply with the provisions of U.S. law.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

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

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

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 manners as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Names(s) (please print) \_\_\_\_\_ ID Number \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

NOTE: WRITTEN CREDIT AUTHORIZATIONS **MUST** PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.