



Authorization Agreement for Direct Deposit

I (we) hereby authorize _____, hereinafter called Company, to initiate credit entries to my (our) () checking () savings account, (select one), indicated below at the deposit financial institution named below, hereinafter called Depository, and to credit the such account.

Depository
Name _____ Branch _____
City _____ State _____
Routing Number _____ Account Number _____

(Attach a voided check for verification purposes)

This authorization to remain in full force and effect until Company has received written notification 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) _____ ID/SSN _____

Name(s) _____ ID/SSN _____

Date _____ Signature X _____

Date _____ Signature X _____

NOTE: All written credit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.