



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

NAME(S) ON THE	ACCOUNT		
(Please use exact	individual or business r	name currently ass	cociated with the account.)
and, if necessary, o Checking authorize the depo	debit entries and adjust Savings accou	ments for any cred nt (select one) ind debit and/or credit	ECOS) to initiate credit entries dit entries in error to my (our) dicated below. I (we) further the same to such account in
DEPOSITORY (BANK) NAME		_ BRANCH	
CITY		STATE	ZIP
TRANSIT/ABA NO		ACCOUNT NO	·
_	n such manner as to aff		n notification of its termination e above-named depository a
NAME(S)(PLEASE PRINT)	-	-
DATE	SIGNED X _		
	SIGNED X		

Attach a voided check to this form to ensure accuracy and expedite payment.