

AUTHORIZATION FORM FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Check one:

- New enrollment. Complete, sign and return this form with a voided check.*
- Cancel enrollment. Sign and return this form.*

SECTION A – APPLICANT INFORMATION			
Last Name (as it appears on account)	First Name	Middle Initial	
If joint account, list other names			
Current Street Address	City/State	Zip	Home Phone
SECTION B – BANK ACCOUNT INFORMATION			
Bank Name		Routing Number	
Account Number	Check one: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account		

I hereby authorize and request _____ (the company) and the financial institution listed above to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the indicated bank account.

I understand that I may terminate this agreement by giving notice to the company. I may do this at any time in writing, but must allow a reasonable amount of time after receipt for the company to act upon it.

APPLICANTS SIGNATURE

DATE

X _____
