## Direct Deposit / Draft Authorization Form

account at the	e financial instit ation of ACH tra	ution listed below, h	, hereinafter ca debit correction and nereinafter called DEF r) account must comp	POSITORY. I	(we) acknowledge		
Depository Name							
Address ——		City-		—State ———	—Zip ———		
Routing & Transit Number	r		Account Number				
	Account Type:	□ Checking/Draft	□ Savings/Share	□ Loan			
	its termination in		until COMPANY has rec ner as to afford COMPA				
Name(s)	(Plea	se Print)	ID Number	_ID Number			
Date	Signa	ture(s)					

Please attach a voided check or financial institution account verification letter to this form.

Note: Written credit authorization  $\underline{must}$  provide that the receiver may revoke the authorization only by notifying the orginator in the manner specified in the authorization.

to initiate cred the financial	dit entries and, if institution(s) list	necessary, deb ed below, herei	oit correct nafter ca	tion and adjustme lled DEPOSITOR must comply with	nt entri	es to my ( we) ackno	(our) accounts at owledge that the
Primary Acc Depository	ount: (Deposit	•		_ Branch			
Address —			City		-State		–Zip ––––
Routing & Transit Numbe	r			Account Number			
Depository			·	 _ Branch			
Address ——			City		-State		-Zip
Routing & Transit Numbe	r			Account Number			
	Account Type:	□ Checking/Dra	ft	□ Savings/Share		□ Loan	
This authorizate either of us) of time to act upo	its termination in	n full force and ef such a time and	fect until ( manner a	COMPANY has reco s to afford COMPAI	eived wi NY and	ritten notific DEPOSIT	cation from me (o ORY a reasonable
Name(s)	(Plea	se Print)		ID Number			
Date	Signa	ture(s)					
	Please attach a	voided check or fina	ancial instit	ution account verificati	on letter	to this form.	

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