
Direct Deposit Authorization (ACH Credits)

I hereby authorize COMPANY to initiate credit entries into my checking and/or savings account as indicated below and the depository financial institution named below, called BANK, to credit the same to such account. I acknowledge that the origination to my account must comply with the provisions of U.S. Law.

Name: _____ SSN: _____

Address: _____

City, State, Zip: _____ Phone: _____

Account Information (Contact your bank or attach a "void" check)

Bank Name: _____

Bank Routing Number: _____

Account Number: _____

Type of Account: _____ Savings Checking

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Signed: _____ Date: _____

Return completed forms to:

