

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate credit entries and to initiate if necessary debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

CHECKING

SAVINGS

Please select only One (1) account above.

*****PLEASE ATTACH A VOIDED CHECK*****

BANK NAME: _____

BRANCH: _____

CITY, STATE, ZIP: _____

ROUTING / ABA NUMBER: _____

YOUR ACCOUNT NUMBER: _____

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

Print Name (1) _____

SS# _____

Signature (1) _____

Date _____
