



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Association Name: _____

Your Account Number: _____

I/We hereby authorize _____, hereafter referred to as “the Company,” to initiate debit entries to my/our ___ Checking Account / ___ Savings Account (select one) indicated below at the depository financial institution named below, hereafter referred to as “the Bank,” and to debit the same to such account. I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of the United States Law.

Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until the Company has received written notification from me/us of its termination in such time and manner as to afford the Company and the Bank a reasonable opportunity to act on it.

Name(s): _____ (Please print) _____ (Please print)

Signature(s): _____

Date: _____

Note: Debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the specified manner in the authorization.