



Authorization for Direct Deposit

I (We) hereby authorize _____ (hereinafter called Company) to initiate Credit entries to my (our) account(s) indicated below, and the depository financial institution named below (hereinafter called Depository) to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

Depository Name: _____ **Branch:** _____

City: _____ **State:** _____ **ZIP:** _____

Routing Number: _____

Account Number: _____

Account Type: Checking Account
 Savings Account

Start Date: _____

Frequency: Weekly
 Bi-Weekly
 Semi-Monthly
 Monthly
 Other _____

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.

Name(s): _____

Signature: _____ **Date:** _____

Address: _____ **Phone:** _____

Please attach a **Voided Check** here.