



DIRECT DEPOSIT AUTHORIZATION **One Account**

I (we) hereby authorize _____, hereinafter called "COMPANY", to initiate credit entries and, if necessary, debit correction and adjustment entries to my (our) account at the financial institution listed below, hereinafter called DEPOSITORY. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. laws and regulations.

Depository Name _____ Branch _____

Address _____ City _____ State _____ Zip _____

Routing & Account
Transit Number _____ Number _____

Account Type: Checking/Draft Savings/Share Loan

This authorization 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 a time and manner as to afford COMPANY and DEPOSITORY a reasonable time to act upon it.

Name(s) _____ ID Number _____
(Please Print)

Date _____ Signature(s) _____

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

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

