

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)**

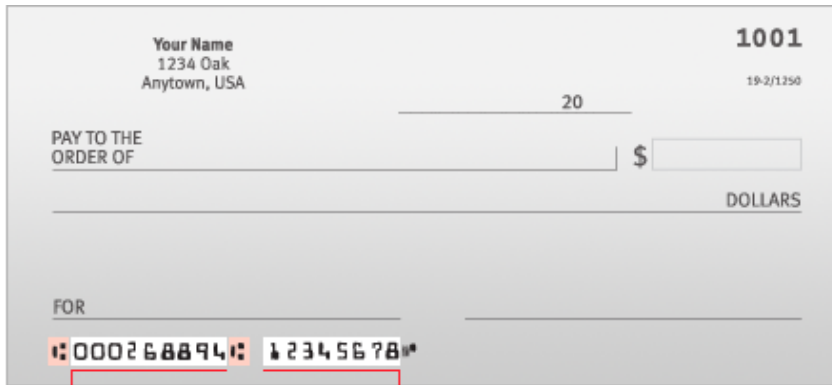
Company name \_\_\_\_\_

I authorize the above company to make direct deposit payments to my bank account described below:

Name of my financial institution \_\_\_\_\_

Checking or savings account number \_\_\_\_\_

9-digit routing number \_\_\_\_\_



**Routing number** is found between the "Ⓜ" and "Ⓜ" symbols.  
**Account Number**

This authorization will remain in effect until I provide the company written notice of revocation. The notice of revocation must be provided in a manner specified by the company, or by providing to the same person or office to whom this authorization was delivered.

I acknowledge that an initial deposit of \$0.01 will be made to my account when it is set up for direct deposits. This deposit is for the purpose of verifying my account and requires no additional steps on my part.

I agree that the credit entries authorized by this Agreement shall be subject to the rules of the National Automated Clearing House Association or other applicable clearing system as in effect on the date of the transaction.

The individual signing on behalf of the business listed below represents that he or she has the authority to sign this Agreement on behalf of the business.

Name of business \_\_\_\_\_

Signed by (please print) \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_