

Direct Deposit Authorization

I hereby authorize _____, hereinafter called "Company", to initiate direct deposit entries and, if necessary, corrections and adjustments to my account at the financial institution listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution

Branch (Optional)

Address

City

State

ZIP

Routing & Transit Number

Account Number

Account Type:

Checking

Savings

Loan

This authority is to remain in full force and effect until "Company" has received written notification from the recipient of its termination in such a time and manner as to afford "Company" a reasonable time to act upon it.

Signature

Signature

Printed Name

Printed Name

Date