

Authorization Agreement for Direct Deposit and Direct Payment (ACH Credits and Debits)

I (we) hereby authorize the COMPANY indicated below to initiate credit and debit entries to my (our) account(s) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit or debit the same to such account(s). I (we) acknowledge that the origination of ACH transactions to my (our) account(s) must comply with the provisions of U.S. law.

COMPANY Name	Company ID Number

DEPOSITORY	Depository Name	Branch	Routing Number
	City	State	Zip

ACCOUNTS	Account Number	Account Type	Amount
		9 Checking 9 Savings	\$
		9 Checking 9 Savings	\$
		9 Checking 9 Savings	\$

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 time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Printed Name
Employee ID/SSN
Signature
Date

Printed Name
Employee ID/SSN
Signature
Date