

SECTION 8 – AUTHORIZATION FORM FOR AUTOMATIC DEPOSITS (ACH CREDITS)

<input type="checkbox"/> ADD (New Participant)	<input type="checkbox"/> CHANGE (Financial Institution and/or Account)	<input type="checkbox"/> DELETE (Cancel Participation)
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I (We) hereby authorize _____, (the “Company”) to initiate credit entries and if necessary, initiate debit correction or adjustment entries to my (our) account at the financial institution indicated below.

I (We) understand that should the regularly scheduled credit date fall on a weekend or a federal holiday, the credit shall occur on the following banking date. **Please attach a voided check or financial institution verification letter for account validation**

CHECKING
 SAVINGS

Depository Financial Institution		Branch	
Address			
City	State		Zip
Transit Routing Number		Account Number	
Credit Amount		Credit Effective Date	

This authority is to remain in full force and effect until the Company has received written notification from me (or either of us) of its termination in such a time and manner as to afford the Company and the Depository Institution a reasonable opportunity to act on it.

Name(s) – Please Print		
Address	City and State	Zip Code
Signature	Date	

**THIS FORM IS TO BE RETAINED BY THE COMPANY AS A MATTER OF RECORD.
PLEASE RETAIN A COPY FOR YOUR RECORDS.**