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

Name		AB:
	o initiate, if necessary, debit	hereinafter called COMPANY, entries and adjustments for any
□ Checkin	g Account/ □Savings Accoun	nt ( <b>select one</b> )
DEPOSITORY, and to credit	itory financial institution name t and/or debit the same to suc transactions to my (our) according	ch account. I (we) acknowledge
Depository Name		
City	State Zij	o
Routing Number	A/C	Number
	NY and DEPOSITORY a rea	ation in such time and in such asonable opportunity to act on  #
Date Signat	ure	
John Doe 123 Main Street Anytown, USA		20
Pay to the order of		\$ Dollars
Trust Company Bank Atlanta, Georgia  MEMO   : xxxxxxxxx  : xx		
MEMO		
()  :xxxxxxxxx  : x	XXXXXX • XXXX	
Routing - Transit No. Person	onal Account No. Check No.	