



## Automated Deposits (ACH Credits)

The customer or Account Holder named below ("we", "our", or "us") hereby authorizes \_\_\_\_\_, hereinafter called "Company", to initiate credit entries to the account named below. We further authorize the Company to initiate debit entries to the same account, not to exceed the amount deposited in error by the Company, and until we have been notified.

PLEASE ATTACH A COPY OF A VOIDED CHECK

**SELECT ONE:**

- ☐ New Account  
☐ Change to Existing Account

**SELECT ONE:**

- ☐ Checking Account  
☐ Savings Account

**BANK INFORMATION**

\_\_\_\_\_  
NAME OF BANK

\_\_\_\_\_  
ADDRESS, CITY, STATE, ZIP

\_\_\_\_\_  
BANK CUSTOMER SERVICE PHONE NUMBER

\_\_\_\_\_  
TRANSIT/ABA NUMBER FOR ACH

(This may differ from the routing number printed on your checks. Please check with your bank. A fee may be incurred if not correct)

\_\_\_\_\_  
ACCOUNT NUMBER

**CUSTOMER/ACCOUNT HOLDER INFORMATION**

\_\_\_\_\_  
ACCOUNT HOLDER/COMPANY NAME

\_\_\_\_\_  
FEDERAL ID NUMBER

\_\_\_\_\_  
IF ACCOUNT HOLDER IS AN INDIVIDUAL, PLEASE PROVIDE SSN NUMBER

\_\_\_\_\_  
NAME OF INDIVIDUAL COMPLETING FORM

X \_\_\_\_\_  
SIGNATURE OF INDIVIDUAL COMPLETING FORM

\_\_\_\_\_  
TITLE     DATE

Customer/Account Holder Prefers to be contacted by:

**Fax:** Contact Name: \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** E-mail Address: \_\_\_\_\_