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AUTHORIZATION AGREEMENT FOR AUTOMATIC  
DEPOSITS (CREDITS)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

I hereby authorize the payroll service, Avenues to Consumer Services and Support, hereafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Banking account indicated below and the depository named below, hereafter called DEPOSITORY, to credit and/or debit the same account.

Bank \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Transit/ABA # \_\_\_\_\_

**Choose One Only** (Checking will be the Default)

Checking Account # \_\_\_\_\_

Savings Account # \_\_\_\_\_

This authority is to remain in full force and effect until the Company has received written notification from me of its termination in such time and in such manner as to afford COMPANY AND BANK a reasonable opportunity to act on it.

For confirmation of the transit and account numbers, I have enclosed a copy of a voided check for Checking Accounts or a Deposit Slip for Savings Accounts.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_