ACH Credit Authorization

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)		
Company Name:	Company ID Number:	
I (we) hereby authorize, hereinafter called COMPANY, to initiate credit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.		
Depository Name:	Branch:	
City:	State: Zip:	
Routing Number (9 <i>Digits</i>):	Account Number:	
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.		
Name(s):	Individual ID Number: (To be completed by Company)	
Signature:	Date://	

Please attach a VOIDED CHECK to this authorization if a checking account will be credited.

JEFFREY MAPLE SUZANNE MAPLE 123 Pear Lane Anyplace, VA 20000	<u>.</u>	1234 19400000
PAY TO THE ORDER OF		
ANYPLACE BANK Anyplace, VA 20000	Account number	Do not include the check number.

Note. The routing and account numbers may be in different places on your check.