



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED TRANSFERS

Client Name(s):

I (we) hereby authorize DEPOSITORY to initiate debit or credit entries between my (our) accounts and the DEPOSITORY named below:

FROM:

Depository Name (Donor Name):	Branch:
City/State/Zip:	Savings/Checking (C
Transit/ABA #:	Account #:

TRANSFER DETAILS:

Amount:	Starting date:	(MM/YY)	1st/15th		
	(optional) Ending date:	(MM/YY)	1st/15th		
Frequency:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Yearly	<input type="checkbox"/> One-Time

This authority is to remain in full force and effect until DEPOSITORY has received written notification of its termination in such time and in such manner as to afford DEPOSITORY a reasonable opportunity to act on it. I will notify DEPOSITORY in writing at the following address:

Signature: _____ Date: _____

Signature: _____ Date: _____

REVOCATION: This authorization is hereby revoked.

Signature: _____ Date: _____