

AUTHORIZATION FOR AUTOMATIC DEPOSIT

		Producer Number
Company Name/Agency Name/Producer Name		Federal Tax or Employer Identification Number
Company Address		
City	State	Zip
I HEREBY AUTHORIZE TO INITIATE CREDIT ENTRIES (AND TO INITIATE, IF NECESSARY, DEBIT ENTRIES AND ADJUSTMENTS FOR ANY CREDIT ENTRIES MADE IN ERROR) TO MY ACCOUNT AT THE FINANCIAL INSTITUTION INDICATED BELOW.		
Financial Institution Name		Financial Institution Routing # (ABA #)
Financial Institution Address		Financial Institution Telephone Number
City	State	Zip
Branch		
Account Type: <input type="checkbox"/> Checking	Account #:	Authorization Effective Date:
<input type="checkbox"/> Savings		Authorization Expiration Date: (if desired)

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL THE COMPANY HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF THE TERMINATION OF SUCH AUTHORITY, WHICH NOTIFICATION SHALL AFFORD THE COMPANY AND A REASONABLE OPPORTUNITY TO ACT ON THEREON.

Please attach a copy of a voided check.

Signature: _____ Date: _____

Print Name: _____

For Office Use Only	
Initials:	
Date:	