

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS (ACH DEBITS)

Company Name: _____

I (we) hereby authorize **Coastal Area District Development Authority**, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) checking/ savings account (select one) indicated below at the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

DEPOSITORY NAME _____ **BANK OFFICE** _____

CITY _____ **STATE** _____ **ZIP** _____

ROUTING & TRANSIT # _____ **ACCOUNT #** _____

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amounts authorized]: _____

Date(s) and/or frequency of debit(s): _____

This authority 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) _____
(Please Print)

SIGNATURE _____ **DATE** _____

SIGNATURE _____ **DATE** _____

Please attach a voided check if a checking account is selected.

FOR COMPANY USE ONLY

Date received _____

Processed by _____