

AUTHORIZATION AGREEMENT
to
DEBIT ACCOUNT

I authorize (Brookings-Deuel RWS) to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any entries in error to my account indicated below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

(Customer Name – Please Print)

(Customer Address – Please Print)

(Name of Financial Institution or Business)

(Address of Financial Institution or Business – Street, City, State and Zip Code)

Checking Account # _____ Savings Account # _____

Bank Routing Number _____
(# between these symbols: | : | on the bottom left corner of check)

Please attach a voided check

This authorization will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. By signing this authorization I hereby acknowledge receipt of a copy of this signed authorization.

Name (Please Print)

Signature

Date