

Credit Authorization

AUTHORIZATION FORM FOR DIRECT PAYMENT ACH CREDITS

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate credit entries for _____ to my (our) account indicated below and the financial institution named below, hereinafter called AUSTIN BANK, 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.

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name: _____
Branch/Location: _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____

ACCOUNT INFORMATION

Type of Account: Checking Savings // Personal Business
Account Name: _____
Routing Number: _____ **Account Number:** _____

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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

COMPANY AUTHORIZATION

Print Company Name: _____
Company EIN#: _____
Signature: _____ **Date:** _____

IF POSSIBLE, PLEASE ATTACH A COPY OF A VOIDED CHECK (NOT A DEPOSIT SLIP) TO THIS FORM!