

DIRECT DEPOSIT

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I hereby authorize **Escambia All For One** to initiate ongoing debit payments of \$_____ from my checking/savings account on the 1st or 15th (please circle one) day of each month until _____ (mmddyyyy)

If no date is specified payments will continue until cancelled as stated below.

Bank Name _____

Transit/ABA# _____ Account No. _____

Savings Account _____ Amount to be debited \$ _____

Bank Name _____

Transit/ABA# _____ Account No. _____

NEW REQUEST CHANGE REQUEST

BUSINESS NAME _____

PRINT NAME _____

EIN# _____

SIGNATURE _____

DATE: _____

I authorize the electronic debit or debits to my account as outlined above. I understand and agree that the electronic debit will continue until the specified date or until I revoke this authorization. I understand that I may cancel this authorization by providing written notice to the payee above fifteen (15) or more days prior to the next payment date.

SIGNATURE _____

DATE: _____