

PO BOX 537, NORWALK, CT. 06856 • NORWALK: 203-866-9163 • STAMFORD: 203-853-1565 • FAX: 203-324-5930 • HOD 221 • CT LIC \$1-301979

AUTHORIZATION AGREEMENT FOR ACH DEBITS

Customer:	Name:	
	Address:	
I, the Customer, hereby and/or correction entri		named company to initiate debit entrie
Chec	king Account (select or	Savings Account
	e origination of the A	e same such account. The Custome ACH transaction to the account mus
DEPOSITORY NAME		BRANCH
CITY		STATE
BANK TRANSIT/ABA	\#	
ACCOUNT#		
received written notific	cation from the custom	entil the above named company has ner of its termination in such time and depository reasonable time to act
CUSTOMER		
CUSTOMER SIGNAT	URE	DATE

"Steve's Juel ~ Heats Best"