

PO BOX 834, S. NORWALK, CT 06856 • NORWALK: 203-866-9954 • WILTON: 203-761-9670 • FAX: 203-324-5930 • HOD 1183 • CT LIC \$1-301979

## **AUTHORIZATION AGREEMENT FOR ACH DEBITS**

| Customer:  | Name:                      |   |
|--|----------------------------|---|
|  | Address:                   |   |
|  |                            |   |
|  |                            |   |
| I, the Customer, hereby and/or correction entri- |                            | amed company to initiate debit entries  |
| Chec   | king Account<br>(select or | Savings Account   |
| •  | e origination of the A     | e same such account. The Customer CH transaction to the account must  |
| DEPOSITORY NAME                                  | ·                          | BRANCH  |
| CITY   |                            | STATE   |
| BANK TRANSIT/ABA                                 | \#                         |   |
| ACCOUNT#   |                            |   |
| received written notific                         | cation from the custom     | ntil the above named company has<br>er of its termination in such time and<br>depository reasonable time to act |
| CUSTOMER   |                            |   |
| CUSTOMER SIGNAT                                  | URE                        | DATE  |

"Pramer Juel ~ Heats Best"