AUTHORIZATION AGREEMENT

FOR DIRECT PAYMENTS

indicated below at the depos bank. I (we) acknowledge the must comply with the provise	es to my (our) checking itory financial institution at the origination of AC	ITIES, hereinafter called ng savings account (select one) named below, hereinafter called the transactions to my (our) account
BANK INFORMATION:	Must attach a voided	check
Bank Name (or Financial ins	stitution)	
City	ST _	Zip
ACH ROUTING Number _		(voided check required)
Bank Account Number		
written notification from me	(or either of us) of its te	et until COMPANY has received rmination in such time and in such hable opportunity to act on it.
CUSTOMER INFORMAT	CION:	
Name(s)		
Address		
CWU Location # and Cust	omer #::	
Signature		Date:
Phone #:	2 nd ph.	

NOTE: All written authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.