

Direct Deposit Authorization Form (ACH Credit)

To: _____ (henceforth the "**Company**")

Address: _____

City: _____ State: _____ Zip: _____

Effective ___/___/_____, I authorize the **Company** to credit my First American Bank account. This Direct Deposit Authorization terminates any previous authorization received by the **Company** from me.

First American Bank Account Information

Bank Name: First American Bank

Account Number: _____

Routing Number: 071922777

Please remember to attach a voided check from your First American Bank account.

Customer Authorization

Full Name (Print) _____

Signature _____

Date _____