

# COMMUNITY BANK

Partnership Banking®

## Authorization Agreement for Automated Direct Deposits or Corporate Payments (ACH Credits)

COMPANY NAME\* ALL AMERICAN SERVICE & SUPPLIES

COMPANY TAX ID # 33-0938552

I/we hereby authorize ALL AMERICAN SERVICE & SUPPLIES (COMPANY), to initiate credit entries (and to initiate, if necessary, debit entries and adjustments for any credit entries in error) to my/our  Checking  Savings account (select one) indicated below, and authorize my financial institution named below ("BANK"), to credit and/or debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

BANK NAME \_\_\_\_\_

BRANCH \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ROUTING # \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and COMMUNITY BANK (processor of COMPANY automated entries) a reasonable opportunity to act on it.

NAME \_\_\_\_\_

S.S. # \_\_\_\_\_

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

TAPE A COPY OF YOUR VOIDED CHECK BELOW

\*COMPANY will retain this Authorization Agreement for 2 years after its termination and provide a copy to COMMUNITY BANK upon request.

