

## Authorization Agreement for Direct Deposits

COMPANY NAME \_\_\_\_\_

I (we) hereby authorize **Kenneth L. Cooper, Jr. CPA, CHTD** hereinafter called COMPANY, to initiate debit Entries and to initiate, if necessary, credit Entries and adjustments for any debit Entries in error, to my/our Checking/Savings account indicated below and further authorize the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

DEPOSITORY NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

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

TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

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 DEPOSITORY a reasonable opportunity to act on it.

NAME(S) \_\_\_\_\_ ID NUMBER \_\_\_\_\_

SIGNED X \_\_\_\_\_ DATE \_\_\_\_\_