



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

COMPANY NAME: **Christian Medical & Dental Associations**
COMPANY TAX ID NUMBER: **36-2284267**

I (we) hereby authorize _____ herein called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our)

CHECKING or SAVINGS (please check one)

account indicated below and the depository named below, herein called DEPOSITORY, to debit and/or credit the same to such account. I (we) also acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

This authorization is to remain in full force and effect until the 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 _____
(PLEASE PRINT) (SOCIAL SECURITY OR TAX ID NUMBER)

COMPANY _____
(IF APPLICABLE)

TITLE _____
(IF APPLICABLE)

DATE _____ SIGNED _____

(PLEASE ATTACH A VOIDED CHECK)