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# AUTHORIZATION AGREEMENT FOR DIRECT DEBIT (ACH DEBITS)

PHONE NO \_\_\_\_\_

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

I (we) hereby authorize SGNC herein 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 the depository named below, herein called DEPOSITORY, to debit and/or credit the same to such account. \$ \_\_\_\_\_ per month.

DEPOSITORY BANK \_\_\_\_\_ BRANCH \_\_\_\_\_

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

ROUTING NUMBER \_\_\_\_\_ ACCT 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 BANK a reasonable opportunity to act on it.

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

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

Please staple to this form a voided check to verify bank account information for deposits into a Checking Account or a deposit slip for deposits into a Savings Account.

## FIRST TENNESSEE BANK

DATE \_\_\_\_\_ 2048

Pay to the order of \_\_\_\_\_ **VOID** \_\_\_\_\_ \$  Dollars

**FIRST TENNESSEE BANK**

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ROUTING NUMBER
ACCOUNT NUMBER