

## **AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)**

nereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.  DEPOSITORY FINANCIAL INSTITUTION  BRANCH  CITY  STATE  ZIP CODE  TRANSIT ROUTING NUMBERS  ACCOUNT NUMBER INFORMATION  CHECKING  CHECKING  SAVINGS  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. Please attach a voided check or deposit slip for account validation.  NAME(S) - Please Print  TAX ID NUMBER  ADDRESS  CITY/STATE  ZIP CODE	Name(s):							Тахра	ayer	ID or	Soc	ial S	Secur	ity#
NOTE: Due to the time required for company and bank processing, please allow one or two weeks for processing.  (we) hereby authorize Daymark Pastoral Counseling  (we) hereby authorize Daymark Pastoral Counselin			CH	IECK (	ONI	<b>=</b> :		<u> </u>						##***
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