CREDIT AUTHORIZATION
(Deposit to another Financial Institution)

I (We) hereby authorize	DN. ID Cledit the Same to caon account in The	t
(Financial Institution Name)	(Branch)	
,	_	
(Address) (City/St	ate) (Zip)	
(Routing Number) (Account Number)	Type of Acct:CheckingSavings	
This authority is to remain in full force and effect from me (or either of us) of its termination in suc FINANCIAL INSTITUTION a reasonable opportu	h time and manner as to allold colvin All I allo	on I
(Print Individual Name)	(Individual's Signature)	
(Print Individual ID Number)	(Date)	
PLEASE ATTACH COPY OF VOIDED CHECK	TO THIS FORM!	
Notes:	· ·	
All written credit authorizations must provide that by notifying the Originator in the manner specifie	t the Receiver may revoke the authorization oned in the authorization.	ly
Single-entry reversals do not require authorization	on by the Receiver. Therefore, previously	ne

recommended language regarding the initiation of possible debit entries is no longer stated in the authorization.

The underlined language in the authorization above represents the disclosure requirement associated with the clarification of OFAC economic sanction policies upon ACH Network Participants.