



**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS  
(ACH CREDITS)  
Debit to Affinity Bank**

Affinity Bank deposit account to debit \_\_\_\_\_

I (we) hereby authorize **Affinity Bank** to electronically credit my (our) external account (and, if necessary, electronically correct erroneous entries to my (our) account) as follows:

Checking Account /  Savings Account (select one) at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Amount of credit(s) \_\_\_\_\_

Date(s) to begin credit(s): \_\_\_\_\_

Frequency of credit(s): \_\_\_\_\_

I (we) understand that this authorization will remain in full force and effect until I (we) notify Affinity Bank in writing that I (we) wish to revoke this authorization. I (we) understand that Affinity Bank requires at least 10 days prior notice in order to cancel this authorization.

Name(s) \_\_\_\_\_

(Please Print)

Signature \_\_\_\_\_

Date \_\_\_\_\_