



**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)**

Credit to Affinity Bank

For payment or credit to Loan / Deposit account _____

I (we) hereby authorize **Affinity Bank** to electronically debit 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 debit(s) or method of determining amount of debit(s) [i.e. payment amount]

Date(s) to begin debit(s): _____

Frequency of debit(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 _____