

Direct Deposit via ACH Authorization



I authorize _____, hereinafter called "Company," to initiate credit entries to my account indicated below and the Financial Institution named below, hereinafter called "Financial Institution," to credit the same such account. I also authorize Company to electronically debit my account to correct erroneous credits that are received. I acknowledge that the origination of Direct Deposit via ACH transactions to my account must comply with U.S. law.

Primary Account (Deposit Net Pay)

Financial Institution Name:

Commodore Perry Federal Credit Union

City:

State:

Zip Code:

Oak Harbor	OH	43449
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Routing Number:

Account Number:

241283945	
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Type of Account:

Checking

Savings

This authorization is to remain in full force and effect until Company has received written notification from me (or any authorized signer on the accounts listed) of its termination in such time and manner as to afford the Company and Financial Institution a reasonable opportunity to act on the request.

Individual Name:

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Signature:

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Individual ID Number, if applicable:

Date:

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If checked, attach a copy of a voided check or proof of account ownership to this form