

AUTHORIZATION FORM  
**AUTOMATIC (DIRECT) FORM**

COMPANY NAME: **SUWANNEE RIVER ECONOMIC COUNCIL, INC.**

I/We authorize the COMPANY (named above) to initiate credit entries and, if necessary, to initiate any debit entries to correct an erroneous credit entry to my/our account at the DEPOSITORY (identified below), for the purpose of automatically depositing funds to my/our account. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

DEPOSITORY (BANK) NAME: \_\_\_\_\_

BRANCH: \_\_\_\_\_

PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

See attached voided check or bank letter

CHECKING

SAVINGS

New Authorization

Change to Previous

Termination

I/We understand that this authorization replaces any previous authorization and will remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) (Print or Type): \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

***MUST ATTACH VOIDED CHECK OR LETTER FROM THE  
BANK IDENTIFYING ROUTING AND ACCOUNT NUMBER***