

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

COMPANY NAME **BANK OF CHARLES TOWN** COMPANY ID NUMBER _____

I (WE) HEREBY AUTHORIZE **BANK OF CHARLES TOWN**, HEREINAFTER CALLED **COMPANY**, TO INITIATE DEBIT ENTRIES TO MY (OUR) CHECKING ACCOUNT/ SAVINGS ACCOUNT (**SELECT ONE**) INDICATED BELOW AT THE DEPOSITORY FINANCIAL INSTITUTION NAMED BELOW, HEREAFTE CALLED **DEPOSITORY**, AND TO DEBIT THE SAME TO SUCH ACCOUNT. I (WE) ACKNOWLEDGE THAT THE ORIGINATION OF **ACH** TRANSACTIONS TO MY (OUR) ACCOUNT MUST COMPLY WITH THE PROVISIONS OF U.S. LAW.

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL **COMPANY** HAS RECEIVED WRITTEN NOTIFICATION FROM ME (OR EITHER OF US) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD **COMPANY** AND **DEPOSITORY** A REASONABLE OPPORTUNITY TO ACT ON IT.

NAME(S) _____ ID NUMBER _____
(PLEASE PRINT)

DATE _____ SIGNATURE _____

NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.