

**AUTHORIZATION AGREEMENT  
AUTOMATIC DEPOSITS (ACH CREDITS)  
FARNSWORTH-RICKS MANAGEMENT**

I (we) hereby authorize \_\_\_\_\_ hereinafter called "COMPANY", to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called "FINANCIAL INSTITUTION", to credit and/or debit the same to such account.

**PRIMARY ACCOUNT: (Deposit Net Pay)**

\_\_\_\_\_  
(Financial Institution Name) (Branch)  
\_\_\_\_\_  
(Address) (City/State) (Zip)  
\_\_\_\_\_  
(Routing Number) (Account Number) Type of Acct: \_\_\_ Checking \_\_\_ Savings

**SECOND ACCOUNT: Amount to Deposit \$ \_\_\_\_\_**

\_\_\_\_\_  
(Financial Institution Name) (Branch)  
\_\_\_\_\_  
(Address) (City/State) (Zip)  
\_\_\_\_\_  
(Routing Number) (Account Number) Type of Acct: \_\_\_ Checking \_\_\_ Savings

This authority 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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Individual Name)

\_\_\_\_\_  
(Print Individual ID Number)

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

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

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!**