

ACH Schedules

Credit Authorization Agreement

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)	
Company Name: _____	Company ID Name: _____

I (we hereby authorize _____ hereafter called COMPANY, to initiate credit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of U.S. law.

Depository FI 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 _____
Date _____	Signature _____
Date _____	Signature _____
NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS <u>MUST</u> PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.	

For assistance, State Bank customers may contact us @ www.statebanktx.com or call 800-879-0489

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