



**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

|               |        |          |     |
|---------------|--------|----------|-----|
| Company Name: |        | Contact: |     |
| Address:      |        |          |     |
| City:         | State: | Zip:     | Ph: |

I (We) hereby authorize **Carolina ATM Services, LLC**, hereinafter called COMPANY, to initiate debit entries to my (our)  Checking Account /  Savings Account (select one) indicated below for items purchased from COMPANY at the depository financial institution named below, hereinafter 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 United States 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 :

**Print Name:** \_\_\_\_\_

**Signature:** X \_\_\_\_\_

**Date:** \_\_\_\_\_

**Attach Pre-Printed Voided Check**

This authorization will not be activated without receipt copy of a pre-printed, voided check, or letter from the above financial institution verifying the routing and account numbers and account name.