

AUTHORIZATION AGREEMENT FOR DIRECT WITHDRAWAL (ACH DEBITS)

Name	Social Security #
Company City of Fredericksburg	
I hereby authorize Northeast Security Bank to initiate debit entries to my account(s) indicated below. I acknowledge that this authorization is binding and may only be modified or revoked upon written notification from me to the company.	
Signature _____	Date _____

Please complete the information below for all direct withdrawal accounts and attach a voided check (if available) for all accounts.

Account #1	Transit/ABA No	Account Number	Account Type	Amount
Bank Name			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly

Attach Voided Check(s) Here