

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

ECD Name _____ ECD ID Number _____

The (ECD Name) _____ hereby authorizes the Alabama Wireless 9-1-1 Board, hereinafter called COMPANY, to initiate credit entries to its 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.

The (ECD Name) _____ acknowledges that the origination of ACH transactions to its account must comply with the provisions of U.S. law.

Depository Name _____ Branch (If applicable) _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in force and effect until COMPANY has received written notification from the authorized individual named below of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Authorized Signer _____
(Please Print)

Signature _____ Date _____

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