



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

Company Name AFCPE ID Number: 34-2017326

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

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Account Number _____ Routing 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 manners as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Names(s) (please print) _____ ID Number _____

Date _____

Signature _____

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