
Authorization Agreement for Automatic
Deposits (ACH Credits)

I (we) hereby authorize Primary Financial Company LLC ("Primary Financial") to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to our account indicated below, and the financial institution named below (hereinafter "DEPOSITORY") to credit and/or debit the same to such account.

NAME OF DEPOSITORY FINANCIAL INSTITUTION

STREET CITY STATE ZIP

PHONE R/T #

Deposits made to account number: _____

***BE SURE TO CHECK WITH YOUR FINANCIAL INSTITUTION TO BE CERTAIN THAT AUTOMATIC PAYMENTS/WITHDRAWALS CAN BE MADE TO/FROM YOUR SAVINGS ACCOUNT IF THAT OPTION IS SELECTED.**

This authority is to remain in full force and effect until Primary Financial has received written notification from us of its termination in such time and in such manner as to afford Primary Financial and DEPOSITORY a reasonable opportunity to act on it.

Name: _____ Date: _____
PLEASE PRINT

Name: _____ Date: _____
PLEASE PRINT

Signed: _____

Signed: _____