

Your SFI I.D. NO: \_\_\_\_\_



# AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I (WE) HEREBY AUTHORIZE CARSON SERVICES, Inc., HEREIN AFTER CALLED COMPANY, TO INITIATE CREDIT ENTRIES AND TO INITIATE, IF NECESSARY, DEBIT ENTRIES AND ADJUSTMENTS FOR ANY CREDIT ENTRIES IN ERROR TO MY (OUR) CHECKING ACCOUNT INDICATED BELOW AT THE FINANCIAL INSTITUTION NAMED BELOW, HEREINAFTER CALLED DEPOSITORY, TO CREDIT AND/OR DEBIT THE SAME TO SUCH ACCOUNT.

DEPOSITORY NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TRANSIT/ABA NO: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL COMPANY AND DEPOSITORY HAVE 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 IT.

NAME (S): \_\_\_\_\_ TAX ID NUMBER: \_\_\_\_\_  
(PLEASE PRINT)

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

SIGNED: \_\_\_\_\_ SIGNED: \_\_\_\_\_

### ATTACH VOIDED CHECK BELOW. US Bank Accounts Only

J.Q. Public	5123
1234 Main Street	_____ Date
Any town USA, 123456	
Pay to the Order of _____	\$ _____
	_____ Dollars
For _____	_____
<b>:123456789 :000012345678   5123</b>	

TRANSIT/ABA NO.

ACCOUNT NUMBER

Mail your completed form to:

**Carson Services, Inc., Forms Dept., \* &\$'B" ( , h žGi jH'\$( ž @bWc`bžB9 \* , ) \$(**

Please allow 10 days from receipt for activation