

**Attach Voided  
Check Here**



**COASTAL STATES BANK**

**AUTHORIZATION AGREEMENT FOR  
DIRECT DEPOSITS (ACH CREDITS)**

Company Name: \_\_\_\_\_ TIN Number: \_\_\_\_\_  
(Completed by Employer)

I (we) hereby authorize \_\_\_\_\_, hereinafter called **COMPANY**, to initiate credit entries to my (our) \_\_\_\_\_ (checking or savings account) 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 origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_  
(Bank Name) (Location)

City: \_\_\_\_\_ State: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account 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 manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.**

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK TO THIS AUTHORIZATION FORM**