

BANK DRAFT FORM

CUSTOMER ACCT#: _____

CUSTOMER NAME & ADDRESS:

DATE: _____

PHONE #: _____

WE WILL BE DEBITING YOUR:

_____CHECKING ACCT.

_____FINANCIAL INSTITUTION

_____BRANCH

AGREEMENT:

I (we) hereby authorize (**SSWD/HWY88**) to initiate debit entries to my (our) account indicated above and the financial institution above, hereinafter called Financial Institution, to debit the same to such account for (Application). I (we) acknowledge that the origination of ACH transactions to (our) account must comply with the provisions of **U. S.** law. This authority is to remain in full effect until Company has received notification from me (or either of us) of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it. If a draft is returned due to insufficient funds a **return charge of \$30.00** will be charged to your account.

X

CUSTOMER SIGNATURE

******PLEASE ATTACH A VOIDED CHECK TO THIS FORM.******
***(PLEASE NOTE THAT WE CANNOT ACCEPT A DEPOSIT SLIP AS
A FORM OF ENROLLING FOR BANK DRAFT.)***