



Authorization Agreement for Direct Payments (ACH Debits)

I / We hereby Authorize the River Country Chamber of Commerce of Newaygo County, hereinafter called Company, to initiate debit entries to my / our _____ Checking Account _____ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called Depository, and to debit the same to such account. I / We acknowledge that the origination of ACH transactions to my / our account much comply with the provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____

Account Number _____

Amount of Debit _____

Start Date of Debit _____

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(s) _____

Address _____

City _____ State _____ Zip _____

Date _____ Signature _____