



5800 Monroe Street, Suite B ♦ Sylvania, Ohio 43560 ♦ (419) 885-2151 ♦ Fax (419) 885-7074

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Authorization Agreement for Automatic Deposits (ACH Credits)

I hereby authorize *Phoenix Services*, hereinafter called **COMPANY**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below, hereinafter called **DEPOSITORY**, to credit and/or debit the same to such account.

**I understand that it will take up to two banking days for the funds to be available in my account.**

BANK INFORMATION

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Transit/ABA No. \_\_\_\_\_

Employee Account No. \_\_\_\_\_

Checking \_\_\_\_\_ Savings \_\_\_\_\_

The authority is to remain in full force and effect until **COMPANY** has received written notification from me of its termination in such a time and in such a manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

Print Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_