

**AUTHORIZATION AGREEMENT ALLOWING  
DIRECT WITHDRAWLS (ACH DEBITS) FROM  
CHECKING/SAVINGS ACCOUNT  
FOR PAYMENT OF ACCOUNT BALANCE**

I hereby authorize Cooperative Elevator Co. to initiate debit entries (withdrawals) and- if necessary, credits and adjustments for any debit entries in error, to the following checking or savings account:

Name of Financial Institution \_\_\_\_\_  
ABA routing # \_\_\_\_\_  
Account Number \_\_\_\_\_  
Account Type (Check One): Checking ( ) Savings ( )  
Account holder name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Account Address \_\_\_\_\_

Name (print) \_\_\_\_\_

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

This authorization will remain in effect until I notify Cooperative Elevator Co. in writing of its termination.

**Please return completed form to any Cooperative Elevator Co. location attention: IT department.**

<b>to be completed by Cooperative Elevator Co.</b>
Customer account # _____ Pre note to bank by _____ Date _____
Direct withdrawal start date _____