

**Authorization Agreement for Automatic Debit**

Company Name: \_\_\_\_\_ Type of Payment: \_\_\_\_\_

I (we) hereby authorize \_\_\_\_\_, hereinafter called COMPANY, to initiate debit entries, and to initiate, if necessary, credit entries and adjustments to my \_\_\_Checking, or \_\_\_ Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit my account for deposit of funds.

Depository Name: Chesapeake Bank Branch: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABO NO. 051403779 ACCOUNT No. \_\_\_\_\_

Please, discontinue any debits from \_\_\_\_\_ (bank/credit union name), ABA/Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_ and commence debits from the above listed Chesapeake Bank account as of \_\_\_\_\_ (date).

This authority is to remain in full affect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time as to allow COMPANY and DEPOSITORY a reasonable opportunity to act on my request.

NAME(S): \_\_\_\_\_

(Please Print)

Date: \_\_\_\_\_ signed \_\_\_\_\_

Date: \_\_\_\_\_ signed \_\_\_\_\_