

Automatic (Direct) Deposit Authorization

Personal Information:

Name(s) _____
Address _____
City, State & Zip _____

Account Information

Account number(s): _____
Type of account _____

Company (Employer)

Name: _____ Company ID# _____

Depository Bank

Name: Coffee County Bank Routing Number 064102902
Branch: _____ (See attached voided check/draft or deposit slip)
Phone: 931-728-1975
Address: 2070 Hillsboro Blvd, Manchester, TN 37355

Authorization

New () Change to previous () Termination ()

I/We authorize _____ (Company name) to initiate credit entries and, if necessary, to initiate any debit entries to correct an erroneous credit entry to my/our account at the Depository Bank (identified above), for the purpose of automatically depositing funds to my/our account. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

I/We understand that this authorization replaces any previous authorization and will remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Customer Authorization

Signature _____ Date: _____

Signature _____ Date: _____