



# BRANCH BROOK

P.O. Box 967 • Kennebunk, Maine 04043-0967

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BBF ACCT.: \_\_\_\_\_

## Authorization Agreement for Direct Payments

I (we) hereby authorize Branch Brook to initiate debit entries to my (our) account indicated below at the financial institution named below, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name of Financial Institution: \_\_\_\_\_

Branch: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type (Check One): Checking Account  Savings Account

This authorization is to remain in full force and effect until Branch Brook has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Branch Brook and the financial institution listed above a reasonable opportunity to act on it.

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

**\* Please attach a copy of a voided check\***

*"Our Personal Service Is The Difference"*