

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)
COMPANY: Knoxville's Community Development Corporation Location: Knoxville, TN

I hereby authorize KCDC to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account designated. By acceptance of the funds through direct deposit, (name of financial institution) agrees to credit the deposited amount to the (Account Number) _____ for (Name of Participant).

Any one submitting fraudulent information is subject to fine or imprisonment. Title 18 U.S.C. 1001

Written notification of all changes must be submitted to KCDC at least twenty days prior to payment date.

NAME _____ **TAX ID NO.** _____
(print)

SIGNATURE _____ **DATE** _____

SIGNATURE _____ **DATE** _____

KCDC Use Only

Financial Institution Name _____

Location _____ **Type of Acct:** Checking Savings

***Transit/ABA No.** _____ **Account No.** _____

Financial Institution Name _____

Location _____ **Type of Acct:** Checking Savings

***Transit/ABA No.** _____ **Account No.** _____

Financial Institution Name _____

Location _____ **Type of Acct:** Checking Savings

***Transit/ABA No.** _____ **Account No.** _____

Financial Institution Name _____

Location _____ **Type of Acct:** Checking Savings

***Transit/ABA No.** _____ **Account No.** _____

*Nine digit number that appears on the bottom of a check or a deposit slip. (Include a voided check or deposit slip with authorization.)

