

COMMUNITY BANK

Authorization Agreement for Automated Payments (ACH Debits)

Company
Name

Company
TaxID

I/We hereby authorize I.T.L., Inc. (COMPANY), to initiate debit entries (and to initiate, if necessary, credit entries and adjustments for any debit entries in error) to my/our:

Checking

Savings

account (select one) indicated below, and authorize my financial institution named below ("BANK"), to debit and/or credit the same to such account.

Bank
Name

Branch

City

State

Zip

ABA
Routing

Account#

This authorization is to remain in full force and effect until COMPANY has received written notification from me/us of its termination in such time and in such manner as to afford COMPANY and COMMUNITY BANK (processor of COMPANY automated entries) a reasonable opportunity to act on it.

Name

Soc. Sec. Number

Signed

Date

Signed

Date

TAPE A COPY OF YOUR VOIDED CHECK HERE

* COMPANY will retain this Authorization Agreement for 2 years after its termination and provide a copy to COMMUNITY BANK upon request.