

## Credit/Debit Authorization Form


### Authorization Agreement for Direct Deposit/Payment

EMERALD AGENCY, LLC

I (we) hereby authorize

("COMPANY")

to initiate entries to my checking/savings accounts at the financial institution listed below (FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

<b>Receiver Name(s)</b>	
<b>Financial Institution</b>	
<b>Routing Number</b> (Look between these symbols  on the bottom left of the check)	
<b>Account Number</b>	
<b>Account Type</b>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>Amount</b> (Specific or Variable Range)	

Receiver Signature \_\_\_\_\_

Date \_\_\_\_\_