



Electronic Funds Transfer Request

1. Attach a voided check
2. Fill out this form
3. Return both to Banyan Community

Thank you! We appreciate your support!!

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: Banyan Community

I (we) hereby authorize **Banyan Community**, herein called **COMPANY**, to initiate debit entries to my (our) **Checking Account** or **Savings Account (select one)** indicated below at the depository financial institution name below, hereinafter called **DEPOSITORY**, and a to debit the same account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

Depository

Name _____ Branch _____
City _____ State _____ Zip _____
Routing Number _____ Account # _____
Amount of withdrawal _____ Monthly (15th) Quarterly Annually

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

Name(s) _____ Date Transactions Start _____
Signature _____ Date Signing Form _____
Email Address _____ Phone Number _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.