

AUTOMATIC DEPOSIT AUTHORIZATION AGREEMENT

NOTE: New bank account information below.

Employee/Payee Information:

Name of Payee: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Fax: _____

Please consider this request, indicated by my original signature, as a formal order to forward any pending or future deposits to my new account with ANB Bank. I understand that this authority will remain in full force and effect until revoked by me, my financial institution, or payer.

Identifying Number (if applicable): _____

Customer Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Financial Institution: ANB Bank

Transit/routing #:

107001232

Office Location: _____

Bank Account #: _____

Checking

Savings

Authorized Signature: _____