

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
(ACH CREDITS)**

Originating Company: NORTHWEST GEORGIA RESA

I authorize the above Originating Company to initiate entries to the account indicated below as follows:

1. They may initiate CREDIT entries, which move money into my account according to the schedule and other conditions to which the Originating Company and I have agreed.

2. They may initiate DEBIT entries to reverse any transactions they have originated to my account in error.

NAME: _____
(Please print)

ACCOUNT NUMBER: _____

NAME OF DEPOSITORY
FINANCIAL INSTITUTION: _____

LOCATION OF DEPOSITORY FINANCIAL INSTITUTION:

CITY: _____ STATE _____ ZIP _____

***Please attach a VOIDED CHECK here.**

This authority is to remain in effect until the Originator has received written notification of its termination and has had a reasonable opportunity to act upon it.

DATE: _____ SIGNED: _____

***PLEASE NOTE: DIRECT DEPOSITS CAN ONLY BE MADE TO CHECKING ACCOUNTS AT THIS TIME.**