

# FORM A: Revocation of Prior Authorization and Authorization for Automatic (Direct) Deposit

Company Name & Address: \_\_\_\_\_

I/we revoke all prior authorizations of the Company (identified above) to initiate credit entries to any of my/our accounts at any financial institution. I/we authorize the Company to initiate credit entries, and to initiate any debit entries needed to correct erroneous credit entries, to my/our Account (identified below) at the Financial Institution (identified below) for the purpose of automatically depositing funds in the account. I/we acknowledge that the origination of these transactions must comply with U.S. law

Account:  Checking/Share Draft  Savings/Share Savings  
 \_\_\_\_\_

Account Number: \_\_\_\_\_

Taxpayer Identification Number: \_\_\_\_\_

Financial Institution Name, Address, and Routing Number:

This authorization will remain in effect until the Company and Financial Institution have received written notification from me (or either of us) of its termination in such a manner as to afford the Company and Financial Institution a reasonable opportunity to act on it. No other means of notification is permitted.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

**Submit the original to the Company, a copy to the institution that had your old accounts, and a copy to the Financial Institution. Retain a copy for your files. Photocopies of this signed document may be made as required for this purpose only.**