

43 Maple Ave. #217 Shrewsbury, MA 01545 Ph. 508-233-8373 fax 888-877-2603 email: Friendsmoneymanager@gmail.com

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

John Jones 124 Main Street Anywhere, MA 02345 Pay to the order of: Check Number Number (1-17 digits) Name as it appears on the account: Name of Bank:	hereby authorize hereinafter Friends Money er, to initiate credit entries to my Checking account/savings account indicated below at ancial institution named below, and to credit the same to such account.
	Pay to the order of: EXAMPLE Doitars Doitars Doitars Doitars Check Number
Name of Bank:	as it appears on the account:
	of Bank:
Bank address	ddress
9-Digit Routing #:	Routing #:
Account #:	ıt #:
Type of Account: ☐ Checking ☐ Savings (Check One)	Account: Checking Savings (Check One)
Please attach a voided check for each bank account to which funds should be deposited.	attach a voided check for each bank account to which funds should be deposited.
This authorization is to remain in full force and effect until Friends Money Manager has received written notification from me of its termination in such time and such manner as to afford Friends Money Manager a reasonable opportunity to act on it.	tion from me of its termination in such time and such manner as to afford Friends Money
Client Signature: Date:	Signature: Date:

