EMERALD DEVELOPMENT & ECONOMIC NETWORK, INC.

Kathryn Kazol, Executive Director

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

I (we) hereby authorize **EDEN, Inc.** hereafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our)

☐ **Checking account** ☐ **Savings account** (select one) indicated below and the depository named below, hereafter called BANK, to credit and/or debit the same to such account.

Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

TRANSIT ABA # _____ ACCOUNT # _____
(Routing number)

This authority is to remain in full force and effect until **EDEN, Inc**. 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: _____
(Please print name as it currently is on checks from EDEN)

SSN: ☐☐☐–☐☐–☐☐☐☐ or **EIN**: ☐☐–☐☐☐☐☐☐☐

(Please use the same number you put on the W-9 on file with EDEN, Inc.)

Date: _____ Signed: _____

Date: _____ Signed: _____
(On a joint account both parties must sign)

Email address: _____

IMPORTANT: PLEASE be sure to include a voided check with this form (we cannot process without this).

Rec'd at EDEN _____	Initials _____	Does # match? Y N
Vendor Code _____	Entered _____	Initials _____