



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

Customer Name:	
Loan Account:	Payment Amount: \$
Frequency:	<input type="checkbox"/> Monthly
Effective Date:	Termination Date:
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change to Previous Authorization

ACH DEBITS – NON-WCB ACCOUNT

I/We hereby authorize Wrentham Co-operative Bank, hereinafter called WCB, to initiate debit entries, and any credit entries necessary to correct errors, to my/our account at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

Depository Name:		
Branch Address:		
City:	State:	Zip:
Routing Number:	<input type="checkbox"/> Voided check or image attached	
Account Number:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

INTERNAL PAYMENT – WCB ACCOUNT

Depository Name:	Wrentham Co-operative Bank		
Branch Address:	102 South Street		
City:	Wrentham	State: MA	Zip: 02093
Routing Number:	211371939		
Account Number:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	

I/We understand that this authorization will remain in full force and effect until the termination date stated above or until WCB has received written notification from me (or either of us) of its termination in such time and in such manner as to afford WCB and/or DEPOSITORY a reasonable opportunity to act on it.

Customer Signature: _____ Date: _____

Branch Use Only: By signing below Branch Representative certifies that all customers on this form meet WCB CIP requirements.

Branch Rep. _____ **ROS** _____
Print Signature Branch Date

Loan Department Use Only:

Input by: _____ Date: _____