

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize CBBUA to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error.

This authority will remain in effect un CBBUA is notified by me (us) in writing to cancel it in such time as to afford CBBUA and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution – Branch, City, State & Zip)

(Employee Name – PLEASE PRINT)

(Employee Address – PLEASE PRINT)

Set Amount:_____ Maximum Amount:_____

Checking/Savings Account Number:_____

Financial Institution Routing Number:_____
(Look between these symbols |: |: on the bottom left of your check.)

(Authorized Signature) _____ (Date)

ATTACH A VOIDED CHECK TO THIS FORM