

Direct Withdrawal Authorization

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Alternate Phone: _____

I (we) hereby authorize Clyde S. Walton, Inc. to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking/ Savings account indicated below at the depository financial institution named below and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law. Budget payments or amount due will be withdrawn on the due date; if the due date falls on a Saturday or Sunday, the funds will be withdrawn on the Friday **PRIOR TO** due date. If the due date falls on a Federal Reserve holiday funds will be withdrawn the day **PRIOR TO** the due date.

Please supply a copy of the voided check with this form*

Depository Bank: _____

Address: _____

City, State, Zip: _____

Routing Number (always 9 digits): _____

Account Number: _____

This authorization is to remain in full force until Clyde S. Walton, Inc. has received written notification from me (or either of us) of its termination in such manner as to afford Clyde S. Walton, Inc. and the bank reasonable opportunity (72 hour minimum) to act on it.

Clyde S. Walton, Inc. Acct Number: _____

Name(s) on Account: _____

Signature (s): _____ Date: _____

_____ Date: _____

Is this a change to existing info. _____