



Community Credit Union

Authorization Agreement for Direct Deposit

COMPANY NAME _____

COMPANY ID NUMBER _____

I hereby authorize _____, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my () checking () Savings (select one) indicate below and the depository institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY INSTITUTION

Name: Community Credit Union

**Address: 144 Pine Street
Lewiston, Maine 04240**

Routing number: 211287942

Savings Account number:

Checking Account number:

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me of its termination in such a manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME _____ SIGNED _____ DATE _____