



- I am a Subsidized Program Provider  
 I am a Food Program Provider

| AUTOMATIC CREDIT AUTHORIZATION FORM  |                              |   |
|--|------------------------------|---|
| Company Name   | Company ID Number            |   |
| <p>I (we) authorize _____, hereinafter called COMPANY, to initiate CREDIT entries to my (our) checking/savings account (circle one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law.</p> |                              |   |
|  |                              |   |
| <b>Depository Name</b>   | <b>Branch</b>                |   |
|  |                              |   |
| <b>City</b>  | <b>State</b>                 | <b>Zip</b>  |
|  |                              | <input type="checkbox"/> Checking<br><input type="checkbox"/> Savings |
| <b>Routing Number</b>  | <b>Account Number</b>        |   |
|  |                              |   |
| <p>This authorization is to remain in full force and effect until COMPANY 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.</p>  |                              |   |
|  |                              |   |
| <b>NAME(S)</b>   | <b>ID NUMBER</b>             |   |
|  |                              |   |
| <b>DATE</b>  | <b>SIGNATURE &amp; TITLE</b> |   |
|  |                              |   |
| <p><b>NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.</b></p>   |                              |   |