

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize **MAHBER DEBES ERITREAN OF METROPOLITAN WASHINGTON**, herein after called **THE ASSOCIATION**, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the **UNITED BANK**, hereafter called **BANK**, and if necessary, initiate adjustments for any transactions debited in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. laws, regulations, and other rules that apply to ACH. This authorization should be clear and readily understandable as indicated by Regulation E.

I understand my account will be debited when a death of a member certified by a death certificate authorize said debits not to exceed the maximum amount listed below.

Maximum Amount: Twenty Dollars (\$20)

Fill in bank information below

Name of Bank:

Start Date:

Routing Number:

Account Number:

Type of Account:

This authorization is to remain in full force and effect until THE ASSOCIATION has received written notification from me (or either of us) of its termination in such time and in such manner to afford **THE ASSOCIATION** and **BANK** a reasonable opportunity to act on it.

Printed Name:

MEMBER #:

Signature:

Date:

NOTE: WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

ATTACH VOIDED CHECK HERE