

**Kings Community Action Organization, Inc.  
Authorization Agreement for Direct Deposits  
(ACH Credits)**

I, (Printed Name) \_\_\_\_\_, authorize Kings Community Action Organization, Inc. (“KCAO”) to initiate ACH Credit Deposits (“Credit Entry”) to my deposit account (“Account”) at my Financial Institution named below. This authorization is for the deposit of recurring payments KCAO owes me directly into my Account. In order to terminate or revoke this authorization, I must notify KCAO in writing. So long as this authorization has not been terminated or revoked, any Credit Entry originated by KCAO under this authorization shall be conclusively presumed to be properly authorized for deposit to my Account.

I understand that if my Account is closed, my Financial Institution cannot accept any Credit Entry and the entry will be refused. If this occurs, KCAO will not be able to reprocess the Credit Entry without further written authorization from me.

I authorize my Financial Institution to accept these Credit Entries to my Account upon receipt and without advice to me.

My Financial Institution: \_\_\_\_\_

My Name(s) on the Account: \_\_\_\_\_

My voided check is attached below:

I hereby certify that I am an owner and authorized signer of the Account. I acknowledge receiving a copy of this authorization. You may supply a copy of this Authorization Agreement to my Financial Institution or to KCAO’s bank upon request.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_