



Come Home to Better Banking

Direct Debit Authorization Form

Complete this form for each company with which you have an automatic payment coming out of your account.

Name: _____

Address: _____

City, State, ZIP: _____

Company Name: _____

Company Address: _____

I authorize _____ hereinafter referred to as the "Debit Originator", to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit error to my account(s) indicated below and Boiling Springs Savings Bank hereinafter referred to as "Depository", to debit and/or credit to the same such account.

Originator Account to be Debited

Depository Bank:: Boiling Springs Savings Bank Routing number: **221271359**

Account Name: _____

Account type: Checking / Savings (circle one) A/C #: _____

Debit Amount : \$ _____ Date of Debit: _____

Direct Debit Frequency (check one): Weekly Bi-weekly Monthly Quarterly

Beneficiary Account to be Credited

Account Name: _____

Account number: _____

This authority is to remain in effect until the Debit Originator is notified in writing from me of termination in such time as to allow the Debit Originator and Depository sufficient opportunity to act on my request.

Signature: _____ Date: _____

Staple VOIDED check from your new Boiling Springs Savings Bank account in this space.