

DIRECT DEBIT AUTHORIZATION FORM

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 Bank Routing number: **221271359**

Account Name:

Account type: Checking Savings 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: _____