

Authorization for ACH Transfer (Direct Deposit) or Paper Check
Midland County Youth Auction Council
6905 Eastman Avenue
Midland, MI 48642

Participants Name: _____

Name on Bank Account: _____
(If different)

Option (1) Provide Account Information for Direct Deposit

Account Type (Checking or Savings) _____
Bank Name _____
Account Number _____
Routing Number (ABA#) _____

This authorizes ___ **Midland County Youth Auction Council** _____ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

This authorization is to remain in effect until Company has received written notification of its termination in such time and in such manner as to afford Company reasonable opportunity to act upon it.

Account Holder Signature _____

Printed Name _____

Street Address _____ Date _____

City, State, Zip _____

*This authorization must be retained for a period of 2 years after termination of service with company