

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

UPI BRANCH LOCATION

INDIVIDUAL OR COMPANY

NAME _____

ID NUMBER (SSN. OR EIN#) _____

I hereby authorize United Producers, Inc. hereinafter called COMPANY, to initiate credit entries (deposits) to my (our) [☐] Checking [☐] Savings (select one) account indicated below at the depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

DEPOSITORY

NAME _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS: _____

Do you prefer payment information be sent to the above email address opposed to US post office?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

ROUTING NUMBER (ABA#)

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

ACCOUNT NAME _____

ACCOUNT NUMBER _____

SIGNED _____ DATE _____

SIGNED _____ DATE _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS SHOULD PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLEASE INCLUDE A COPY OF A VOIDED CHECK FOR VERIFICATION PURPOSES.

Please return this form to your local market.