

**Authorization for
Automatic Direct Deposit**

Company Name _____ Company ID # _____

I/we authorize the Company (named above) to initiate credit entries and, if necessary, to initiate and debit entries to correct an erroneous credit entry to my/our account at the Depository (identified below), for the purpose of automatically depositing funds to my/our account. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

Depository Name: Community First Banking Company

Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: 086518765

Account Number: _____

Checking _____ Savings _____

I/we understand that this authorization replaces any previous authorization and will remain in full force and effect until the Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Company and Depository a reasonable opportunity to act on it.

Name (s) Print or Type: _____

ID # _____

Signature

Date

Signature

Date