



# CFSB Authorization Agreement

## Direct Deposits (ACH Credits/Debits)

I hereby authorize Marshall County Community Kitchen Inc., hereinafter called COMPANY, to Credit/Debit my account as indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to Credit/Debit my account. I acknowledge the origination of ACH transactions to my account must comply with the provisions of US Law.

Your Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Routing/Transit #: \_\_\_\_\_ Account #: \_\_\_\_\_

Type of Account:    Checking    Savings    Amount: \$\_\_\_\_\_/Month

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Individual Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM and mail to:  
Marcella's Kitchen, P. O. Box 272, Benton, KY 42025**

(Please make a copy of this form for your records.)