

**AUTHORIZATION AGREEMENT
AUTOMATIC DEPOSITS (ACH CREDITS)**

I hereby authorize the Mount Ascutney Regional Commission hereinafter called Company to initiate credit entries to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account.

PRIMARY ACCOUNT:

(Financial Institution Name)	(Branch)	
Address)	(City-State)	(Zip code)
(Routing Number)	(Account #)	

Type of Account: _____ Checking _____ Savings

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.

Signature	Printed Name
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Date