

# AUTHORIZATION AGREEMENT FOR PREAUTHORIZED ELECTRONIC BANK DEPOSITS (CREDITS)

ORIGINATING COMPANY: CAMP SWATARA

I hereby authorize Hollinger Services, Inc (1) to initiate credit entries to my account number indicated below at the depositories named below and (2) to initiate, if necessary, debit entries or adjustments for any credit error

Bank Name \_\_\_\_\_

Transit/Routing ABA # \_\_\_\_\_

Account Number: \_\_\_\_\_

Account type:  Checking (please attach a voided check)

Savings (Please attach a deposit slip)

This authority is to remain in full force and effect until CAMP SWATARA  
Employer Name

has received written notice of my intention to terminate this agreement (30 days notice is required).

\_\_\_\_\_  
Employee name - Please Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

Attach Voided Check or Deposit Slip Here