

PRODUCTIVE LIVING BOARD

AUTHORIZATION AGREEMENT TO CHANGE OR MODIFY BANK AND/OR BANK ACCOUNT INFORMATION FOR AUTOMATIC DEPOSITS (ACH Credits)

AGENCY NAME _____

I hereby authorize Productive Living Board, to change/modify the bank account information below to our ___Checking ___Savings Account (select one).

	From :	To :
Depository Name	_____	_____
Transit/ABA No.	_____	_____
Account No.	_____	_____

Attach a voided check with the new bank and/or bank account changes indicated above. This will provide us with both your bank routing number and your account number.

CONTACT PERSON _____

(This should be the person we contact with any issues regarding bank information, transmittal issues, etc.)

PHONE NUMBER OF CONTACT PERSON _____

This authority is effective as of _____ and will remain in full force and effect until PLB has received written notification of its termination in such time and in such manner as to afford PLB and DEPOSITORY a reasonable opportunity to act on it.

If you have any questions please contact Debra Holland at 726-2606 extension 116.

Executive Director Signature

Date