

Authorization for Automatic Credit/Deposit or Debit/Withdrawal

Company Name Lutherans Outdoors in South Dakota

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

Depository Name: _____

Branch: _____

City: _____ State: _____

Phone: _____

Routing Number: _____

Account Number: _____

___ Checking ___ Savings

___ **Attach a voided check/draft or deposit slip** (for checking accounts submit a voided check, for savings accounts submit a voided deposit slip)

I/We understand that this authorization replaces any previous authorizations 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) _____

Signature

Date

Signature

Date