

Lake Trask Timber Trails Association
PO Box B
Shelton, WA 98584

**AGREEMENT FOR PREAUTHORIZED
ELECTRONIC ACH PAYMENT AUTHORIZATION
(ACH DEBITS)**

I (we) _____ hereby authorize, _____, hereinafter called COMPANY, to initiate Debit entries in the amount of \$_____ to my (our) checking or savings account at my (our) Bank or Credit Union named below, hereinafter called Depository Institution, and to debit the same to such account beginning the payment date of _____. I (we) acknowledge that the origination of the ACH transaction(s) must comply with the provisions of U.S. law.

Account Type: (select one) Checking Savings

Routing #: _____ Account #: _____

Depository Name: _____

Branch: _____

City: _____ State: _____ Zip: _____

In the event that COMPANY debits funds erroneously into my account, I authorize COMPANY to credit my account for an amount not to exceed the original amount of the erroneous debit. This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Note: A signed facsimile copy of this ACH agreement will be considered an original.

Printed Name

Signature

Date

PLEASE ATTACH VOIDED CHECK HERE (if available)