

Print Name

Date

INSTRUCTIONS FOR COMPLETING
THE AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT OF FUNDS
FROM THE AREA AGENCY ON AGING

PLEASE PRINT CLEARLY OR TYPE

SECTION 1

- A. Enter one of the following characters to indicate type of transaction:
"A" indicates a new authorization
"C" indicates a change to an existing authorization
"D" indicates a request to terminate automatic deposit
- B. Enter the complete company name, street address, with County, City, State and Zip Code in which the company is located, telephone number, and the e-mail address to which we will send a notification of payment when it is made.
- C. Enter your company's Federal Tax Identification Number. This number is assigned by the Internal Revenue Service for deposit of federal tax withholdings from employee's earnings.
- D. Print the name and official title of the Chief Executive Officer, President or owner, etc. who is the highest ranking officer of the company. This form cannot be processed without this information being provided.

SECTION 2

- A. Enter the name and address of the ACH financial institution authorized to conduct transaction. The requirement of the Uniform Depository Act, Chapter 135 of the Ohio Revised Code, is applicable to EFT banking transactions.
- B. Enter the financial institutions Transit Routing/ABA number in the spaces provided. This is a nine digit number that is shown on your check. It may also be obtained by contacting your financial institution and requesting its Transit Routing/ABA number.
- C. Enter the account number to which the EFT transactions are to be accredited. If less than 17 characters are needed, begin at the left margin and leave any unused spaces blank. "X" the type of account to which the monies are to be deposited in block C. ***

***** IF YOU ELECT TO DEPOSIT INTO A CHECKING ACCOUNT PLEASE ATTACH ONE OF YOUR CHECKS WITH THE SIGNATURE SPACE CUT OUT OR MARKED "VOID".**

This authorization form must be signed and dated by the financial officer authorized to conduct banking transaction for said company; be sure to enter title.

FORWARD THE SIGNED ORIGINAL AUTHORIZATION FORM WITH VOIDED CHECK (IF APPLICABLE) TO: AREA AGENCY ON AGING 10B, INC. 1550 CORPORATE WOODS PARKWAY, SUITE 100, UNIONTOWN, OHIO 44685, ATTN: CONTROLLER.

Please direct any calls to the Controller at the Area Agency on Aging 10B, Inc. (330) 896-9172 or toll free 1-800-421-7277, ext 3106