



DIRECT DEPOSIT (ACH) AUTHORIZATION
To permit AFC First to deposit funds directly into your bank account

Company (Contractor/Dealer/Installer) _____

Address _____

City _____ ST _____ ZIP _____

Contact Person _____ Phone _____ Email _____

Name of Financial Institution _____

Account Number _____ Routing Number _____

Please attach a voided check from the above account here (required)

I hereby authorize and request AFC First Financial Corporation to initiate credit entries, and if necessary, debit entries and adjustments for any credit entries in error, to this account at the financial institution named above. The authorization is to remain in effect until withdrawn by us in writing. I further certify that I am authorized to execute this agreement on behalf of the above named "Company".

Authorized Signature _____

Print Name _____

Title _____

Date _____

- Please attached a voided check
- Sign where indicated
- Fax to (610) 433-7488 or
- Mail to AFC Financial Corporation, P.O. Box 3558, Allentown, PA 18106