



PO Box 160  
Cambridge NE 69022  
800-658-4266

### AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

**Customer Number**

**Account #(s)** \_\_\_\_\_

I (we) hereby authorize Twin Valleys PPD to initiate debit entries to my (our) checking or savings account at the depository financial institution entered below for the Account Number and Service listed above. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. **Monthly Accounts will be debited on the 21st or closest business day of each month and Seasonal Accounts will be debited approximately 2 to 7 days after a billing.**

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_  
Type of Account (Circle Type)      Checking      Savings

This authorization is to remain in full force and in effect until Twin Valleys PPD has received mail, fax or internet notification from me (or either of us) of its termination in such time and in such manner as to afford Twin Valleys PPD and the financial institution entered above opportunity to act on it.

Name(s) \_\_\_\_\_  
(Please Print)

Signature(s): \_\_\_\_\_ Date \_\_\_\_\_