



DIRECT DEPOSIT AUTHORIZATION

Customer Name: _____

Address: _____

City, State & Zip: _____

Phone Number: _____

I authorize _____

(Company Name)

to initiate credit entries and, if necessary, to initiate any debit entries to correct an erroneous credit entry to my account at Range Bank. I understand that this authorization replaces any previous authorization and will remain in full force and effect until the company named above has received written notification from me of its termination in such time as to afford the company and depository a reasonable opportunity to act.

New Account Information:

RANGE BANK
100 N. Front Street
Marquette, MI 49855

ABA/Routing Number: _____

Account Number: _____

Signature

Date

