

**North Woods Conservancy  
Authorization Agreement for Direct Payments (ACH Debits)**

I (we) hereby authorize Superior National Bank, hereinafter called BANK, to initiate debit entries to my (our) \_\_\_ checking account/ \_\_\_ savings account (*select one*) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Account to be DEBITED:

Depository Name (*your bank*): \_\_\_\_\_

Your Bank Address: Street or PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

This authorization is to remain in full force and effect until the BANK has received written notification from me (or North Woods Conservancy) of its termination in such time and in such manner as to afford BANK and DEPOSITORY a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_

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

Account to be CREDITED: North Woods Conservancy Savings, SNB

Monthly Payment Amount (circle one): 5 8 10 12 15 20 25 30 35 40 50 75 100  
Due Date \_\_\_\_\_

Date of first payment \_\_\_\_\_

SNB Use Only:

Entered by \_\_\_\_\_ Date \_\_\_\_\_

Checked by \_\_\_\_\_ Date \_\_\_\_\_

**Complete form and mail to SNB, Attn ACH Dept, PO Box 450, Hancock MI 49930 along with a copy of your driver's license (and a copy of a checking deposit ticket or voided check, if applicable). Call Kate Brogan at SNB 906 482-0404 with questions. Or contact Jane at NWC 906 337-0782.**