

# Direct Debit Authorization Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

I authorize \_\_\_\_\_ hereinafter referred to as the "Debit Originator", to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit error to my account(s) indicated below and Blue Foundry Bank hereinafter referred to as "Depository", to debit and/or credit to the same such account.

## Originator Account to be Debited

Depository Bank: **Blue Foundry Bank**

Routing number: **221271359**

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account type:           Checking           Savings

Debit Amount: \$ \_\_\_\_\_ Date of Debit: \_\_\_\_\_

Direct Debit Frequency (check one):   Weekly   Bi-weekly   Monthly   Quarterly

## Beneficiary Account to be credited

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

This authority is to remain in effect until the Debit Originator is notified in writing from me of termination in such time as to allow the Debit Originator and Depository sufficient opportunity to act on my request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_