



**AUTHORIZATION AGREEMENT
FOR DIRECT PAYMENTS**

Company Name: PCSB Bank

Company Tax ID #: 42-0454260

I (we) hereby authorize **PCSB Bank**, hereinafter called COMPANY, to initiate debit/credit entries to my (our)

Checking Account

Savings Account

Indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit/credit 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 Information To Credit

(Please Print)

Bank PCSB Bank

City Clarinda State IA Zip 51632

R/T# 073902390 Account Type Checking Acct # 5118922

Amount \$ _____

Account Information To Debit

(Please Print)

Bank _____

City _____ State _____ Zip _____

R/T# _____ Account Type Checking Acct # _____

Frequency _____ Start Date _____ End Date _____

Amount \$ _____

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

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____