

**AUTHORIZATION AGREEMENT FOR
MODERN WOODMEN BANK DIRECT DEPOSIT**

Please complete the following information and return this form to your current payor. Some payors may require you to complete their own form and also present a deposit slip or voided check.

Direct Deposit Authorization:

Name: _____

Last 4 digits of Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Payor Name: _____

Payor Address: _____

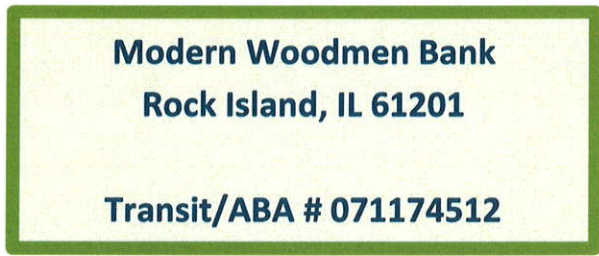
City: _____ State: _____ Zip: _____

Deposit Instructions:

Please indicate the type of account and account number you would like to deposit into. If split deposit, please indicate the amount to be deposited into each account.

Checking; Account Number: _____ Amount: _____

Savings; Account Number: _____ Amount: _____



I hereby authorize:

- Above listed payor to initiate credit or debit entries if necessary to correct any credit entries made in error to my checking or savings account at Modern Woodmen Bank.
- Modern Woodmen Bank to credit and/or debit entries to my account(s).
- This authorization to remain in full force and effect until I send a written notice of change or cancellation.

Signature: _____ **Date:** _____