## AUTOMATIC (DIRECT) DEPOSIT

COMPANY NAME		COMPANY ID#	
I/We authorize the COMPAN necessary, to initiate any debi my/our account at the DEPO automatically depositing funds origination of these transactions	t entries to SITORY (i to my/our must comp	o correct an errond dentified below), account. I/We ac oly with the provisi	eous credit entry to for the purpose of knowledge that the ons of U.S. law.
DEPOSITORY NAME:			
BRANCH:CITY:	Pi	TATE:	ZIP:
ROUTING NUMBER:	(	See attached v	voided check/draft or
ACCOUNT NUMBER:			KING   SAVINGS
☐ New Authorization ☐ Change to Previous ☐ Termination			
I/We understand that this and will remain in full force an notification from me (or either manner as to afford the COMPA act on it.	d effect un of us) of it	til the COMPANY s termination in su	has received written ch time and in such
NAME(S) (Print or Type):			
ID #			
(Signature)	date)	(Signature)	(date)