



**PREMCO FINANCIAL CORPORATION**

(269) 375-3936 ph • (269) 375-6913 fax  
po box 19367 • kalamazoo, mi 49019-0367  
www.go-premco.com

**DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

**Agency Name** \_\_\_\_\_

I (we) hereby authorize Premco Financial Corporation, hereinafter called COMPANY, to initiate deposits to the account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY.

**Bank Account Information**

Bank Name:	City:	State:
Routing #	Account #	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

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.

**Tape a voided check (checking) or deposit slip (savings) here. Please verify that the account and routing transit numbers are correct.**

**NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

**Signatures: DO NOT SIGN UNLESS YOU HAVE READ AND UNDERSTAND ALL TERMS AND CONDITIONS OF THIS DOCUMENT**

Name: (Please Print)	Signed:	Date:
Name: (Please Print)	Signed:	Date:
Name: (Please Print)	Signed:	Date: