



## ACH Direct Deposit Authorization

PO Box 9  
Cedar City, UT 84721  
Phone: 435-867-8008  
Fax: 435-867-1042

### AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

1. Your Name As It Appears On Your IRA Express Account

2. IRA Express Account Number

I hereby authorize IRA Express to initiate credit and, if necessary, debit entries and adjustments for any credit entries in error made to my (select one):

Checking Account

Savings Account

Which accounts are indicated below, at the depository Financial Institution named below, and to credit or debit the same from such account. I acknowledge that this authority will remain in effect until I have cancelled it in writing and that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

3. Bank Name

4. Bank Address

5. Bank Routing Number

6. Bank Account Number

7. Name on Bank Account

8. Address of Bank Account Holder

9. Signature

This authorization is to remain in full force and effect until IRA Express has received written notification from me of its termination. I understand that IRA Express must receive written notice of termination in such time, and in such a manner to afford IRA Express and my Financial Institution a reasonable opportunity to act on it.

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