

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH DEBITS/ CREDITS)

Company	FINS Account	
Name	Number	
(our) checking account indicated at a Depository and to debit/credit the sam transactions to my (our) account must of	e Department of Motor Vehicles to initiate Debit/Credit e the depository financial institution named below, here the to such account. I (we) acknowledge that the originate comply with the provisions of United States law.	eafter called ion of ACH
- · · · · ·	CH with a notice of change, I (we) authorize the Departmention, and to notify me (us) of the change.	ent of Motor
Depository Name:	Branch:	
City:	State:	
Routing Number:	Account Number:	
This is a <i>(please check one)</i> : \square Person	nal Account	
information. This Authorization is to remain in full f me (either of us) of its termination in su of Motor Vehicles and Depository a res	(us), and this agreement remains in effect with the national force and effect until New York has received written notified the time and in such manner as to afford New York State assonable opportunity to act on it. Written notification of wenue Accounts, PO Box 2409. Albany, NY 12220-0409.	ication from Department
Signature: X	Signature: X	
Title:(please print)	(please print)	
Name:(please print)	Name: (please print)	
ID number:		
1 11) hiimber:	i ii) number:	
(from driver's license or ID card)	(from driver's license or ID card)	
<u> </u>	(from driver's license or ID card)	

AFIN YORK