Direct Debit

Authorization Form



Come Home to Better Banking

Complete this form for each company with which you have an automatic paymentt coming out of your account.

Staple VOIDED check from your new Boiling Springs Savings Bank account in this space.

Name:	
Address:	
City, State, ZIP:	
Company Name:	
Company Address:	
I authorize	count(s) indicated below and Boiling
Originator Account to be Debited	
Depository Bank:: Boiling Springs Savings	Bank Routing number: 221271359
Account Name:	
Account type: Checking / Savings (circle or	ne) A/C#:
Debit Amount : \$ Date	of Debit:
Direct Debit Frequency (check one): □ Wee	kly □Bi-weekly □Monthly □Quarterly
Beneficiary Account to be Credited	
Account Name:	
Account number:	
This authority is to remain in effect until the me of termination in such time as to allow the sufficient opportunity to act on my request.	
Signature:	Date: