

DIRECT WITHDRAWAL AGREEMENT

ACH DEBITS



1070 W. Century Drive, Louisville, CO 80027
P: 877-742-1270 | F: 303-665-5962

1. ACCOUNT HOLDER INFORMATION

Account Holder Name:	New Direction Account Number:
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2. PAYOR INFORMATION

Payor Name:	<input type="radio"/> Checking Account	<input type="radio"/> Savings Account
Bank Name:	City:	State:
Routing Number:	Account Number:	

3. PAYMENT INFORMATION

REASON FOR SUBMISSION	PAYMENT DATE
<input type="radio"/> New Record	<input type="radio"/> 1 st of the Month
<input type="radio"/> Replace Existing Deposit	<input type="radio"/> 15 th of the Month
<input type="radio"/> Cancel Current File	<input type="radio"/> Last Day of the Month
Amount:	Start Date:
Deposit Description: (i.e., contribution, rent- list property address, note payment, etc.)	

4. AUTHORIZATION AND SIGNATURE

This authorization is to remain in full force and effect until New Direction Trust Company has received written notification of its termination in such time and in such manner as to afford New Direction Trust Company and Banking Financial Institution a reasonable opportunity to act on it. For New Direction, such termination shall occur in writing, delivered to 1070 W. Century Drive, Louisville, CO 80027, or such address as is then current.

I hereby authorize New Direction Trust Company to initiate withdrawal entries to my account, indicated above at the banking financial institution named above, and to credit the same such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Account Holder Signature:	Date Signed:
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