



Authorization Agreement for Direct Deposits (ACH Credits)  
Company Name TRICO Companies, LLC

I (we) hereby authorize TRICO Companies, LLC, hereinafter called COMPANY, to initiate credit entries to my (our)  Checking Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of the U.S. law.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

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.

Name(s) \_\_\_\_\_

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

Note: All Written Credit Authorizations MUST provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

PLEASE NOTE:
✓ Form must be dated and signed to be valid
✓ Please provide a VOIDED check with this form
✓ Please provide an email address and password to receive a copy of your check stub ( <b>you will receive an email with a PDF and will need the password of 15 characters or less, that you provide below to access</b> )
✓ This process takes 2-3 weeks to get up and running; therefore, until that time, you will receive paper checks

Email address \_\_\_\_\_ Password \_\_\_\_\_