

**Hopkins Investments**

P. O. Box 1115  
Union City, TN 38281

**\$2.50 PROCESSING FEE PER ACH TRANSACTION**

**AUTHORIZATION AGREEMENT  
DIRECT PAYMENTS (ACH CREDITS)**

I (we) hereby authorize **Hopkins Investments**

Hereinafter called COMPANY, to initiate credit and/or debit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account.

**PRIMARY ACCOUNT: (Deposit Net Pay)**

\_\_\_\_\_  
(Financial Institution Name) (Branch)

\_\_\_\_\_  
(Address) (City/ State) (Zip)

\_\_\_\_\_  
(Routing Number) (Account Number) Type of Acct: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

This authority is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Individual Name) (Signature) (Date)

\_\_\_\_\_  
(Building Acct Number)

Check One: \_\_\_\_\_ Do monthly on \_\_\_\_\_ (Day)  
\_\_\_\_\_ Keep on file and I will call

**Attach Copy of Voided Check**