

SLRS Inc.
Sign Language Referral Services

5537 North Roff Avenue • Oklahoma City, Oklahoma 73112

Voice/ Emergency Paging Service: 405-948-3323 / 888-842-9460

TTY/ Fax: 405-948-3303 / 888-842-9953

Emergency for Deaf Customers: slrs@my2way.com OR Numeric Pager: 405-690-SLRS (7577)

SLRS@SLRSinc.com • www.SLRSinc.com • AOL IM: SLRS Inc

**AUTHORIZATION AGREEMENT FOR
AUTOMATIC DEPOSITS (ACH CREDITS)
THIS IS THE PREFERRED PAYMENT METHOD FOR SLRS**

COMPANY NAME: SLRS- Sign Language Referral Services, Inc.

COMPANY ID NUMBER: 73-1590818

I (We) hereby authorize SLRS- Sign Language Referral Services, Inc., hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to (select one) my (our) _____ **Checking** or _____ **Savings** account indicated below and the depository name below, hereinafter called DEPOSITORY to credit and/or debit the same to such account.

DEPOSITORY BANK NAME: _____

BRANCH (if applicable): _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TRANSIT ABA NUMBER: _____ (the first set of numbers at the lower left corner of your check)

ACCOUNT NUMBER: _____ (the second set of numbers at the lower left corner of your check)

This authority 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): (Please Print) _____

SOCIAL SECURITY #: _____

DATE: _____

SIGNED: _____

SIGNED: _____

Note: Please attach a voided check (NOT DEPOSIT SLIP) from the account to be credited so that we may verify your bank's Federal Reserve Transit ABA number for automatic deposit processing.