

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)  
NUTRITION INCENTIVES

**Junction City Farmers Markets**

I (vendor) hereby authorize Live Well Geary County and/or Junction City Main Street Market, hereinafter called COMPANY, to initiate credit entries to my:

\_\_\_\_\_ **business account** \_\_\_\_\_ **personal account** (select one)  
indicated below at the depository's financial institution named below, hereafter called DEPOSITORY, and to credit the same to such an account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Authorized user Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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Bank Name \_\_\_\_\_

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

This authorization is to remain in full force and effect until COMPANY has received written notification from the depository of its termination in such time and in such a manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.