



ACH Authorization for Direct Deposit (ACH Credits)

Recipient Information

Recipient Name(s): _____

Recipient Address: _____

I (we) hereby authorize Summit Community Bank as Trustee for the West Virginia Funeral Trust, hereafter THE COMPANY, to initiate ACH direct deposits to my (our) account at the financial institution named below. I also authorize THE COMPANY to initiate ACH withdrawals from this account in the event that a credit entry is made in error. I (we) acknowledge that the origination of ACH transactions to or from my (our) account must comply with the provisions of U.S. law. (This agreement will remain in effect until THE COMPANY has received a written notice of cancellation from me (us in such time and in such manner as to afford THE COMPANY a reasonable opportunity to act on it.

Recipient Account Information

Financial Institution: _____

ABA Routing Number (1): _____

Account Number (2) _____

PLEASE SELECT ONE:

Checking

Savings

Recipient Information

Authorized Signature: _____ Date _____
(Primary)

Authorized Signature: _____ Date _____
(Joint)

(Joint accounts require the signature of all persons having authority over the account.)

**For a checking account, please attached a voided check with this form.
Deposit slips are not acceptable.**



1 2