

- New
- Update

LANSING COMMUNITY COLLEGE

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

The General Agency

I hereby authorize The General Agency, hereinafter called GA, to initiate at the named Financial Institution below credit entries to my: (Select One)

- Checking Account Savings Account

FINANCIAL INSTITUTION'S
NAME _____

CITY _____ STATE _____ ZIP CODE _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effect until GA has received written notification from me of its termination in such time and in such manner as to afford GA and the Financial Institution a reasonable opportunity to act on it.

NAME _____ SOCIAL SECURITY NUMBER _____
(Please print) (Last four digits)

SIGNATURE _____ DATE _____

RETURN FORM TO:
The General Agency
525 East Broadway Street
MT. PLEASANT, MI 48858
PHONE: (989) 773-6981
FAX: (989) 772-1855
Email: info@ga-ins.com