

Cooperativa de Ahorro y Crédito Oriental
Call Box 876, Humacao, Puerto Rico 00792

Authorization Agreement of Preauthorized Credits

Company Name:	
Company ID Number:	

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate credit entries to my (our) Checking Account or Savings Account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit the same to such account.

Depository Name:	
Branch:	
City:	
State:	
Zip Code:	
Transit/ABA No.:	221581748
Account No.:	

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in suchtime and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. In the event that the terms of the agreement binding this authorization change, it will constitute a termination of contract between the company and the customer.

Name(s):	
(Please print):	
Employee ID Number:	
Date:	
Signed:	
Signed:	