



HAMASPIK CHOICE, INC. • HAMASPIK, INC.
 775 N. Main St. • Spring Valley, NY 10977
 Tel. (855) 552-4642

Authorization Agreement for Direct Deposits

I hereby authorize Hamaspik, Inc. or Hamaspik Choice, Inc. to initiate credit entries to the Checking/Savings Account of:

_____ whose Tax ID # is _____

at the depository financial institution named below. I acknowledge that the origination of ACH transactions to the account indicated below must comply with the provisions of U.S. law.

Depository Name:		Branch:			
City:		State:		Zip:	
Routing Number:		Account Number:			

Checking Savings

Email address for all correspondence, including Explanation of Payment (EOP):

This authorization is to remain in full force and effect until Hamaspik, Inc. or Hamaspik Choice, Inc. has received written notification from _____ of its termination in such manner as to afford Hamaspik, Inc. or Hamaspik Choice, Inc. reasonable opportunity to act on it.

Signature: _____ Date: _____

Print Name: _____

Send this form along with a voided check or bank letter confirming account information to:

Hamaspik, Inc./Hamaspik Choice, Inc.
 Attn: Finance Dept.
 775 North Main St.
 Spring Valley, NY 10977
 Or via Fax (845) 503-1508
 Via Email:
 remittances@hamaspikchoice.org