



775 N. Main St.  
Spring Valley, NY 10977

855-552-4642  
www.hamaspik.com

## 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:

By Email:  
remittances@hamaspikchoice.org  
By Fax: (845) 503-1540

Or By Mail:  
Hamaspik, Inc./Hamaspik Choice, Inc.  
Attn: Finance Dept.  
775 North Main Street  
Spring Valley, NY 10977