



Direct Deposit Authorization Form

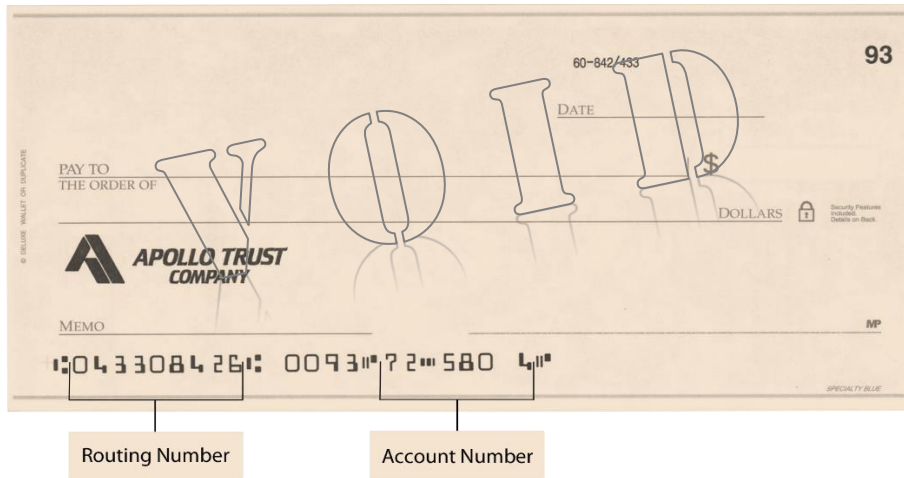
Authorization Agreement

I hereby authorize automatic deposits to my account at Apollo Trust Company. I also authorize withdrawals from this account in the event that a credit entry is made in error.

Account Information

Name of Financial Institution: **Apollo Trust Company**
 Address: PO Box 247
 Apollo, PA 15613
 Phone: 724-478-3151
 Account Type: Checking Savings
 Bank Routing Number: 0433088426
 Account Number: _____

Sample Check



Signature

Name: _____

Signature: _____

Date: _____