

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

.	Name:	
		-
Please choose type of account:	Checking Account _	Savings Account
Bank Name		
City		
Transit/Routing #	Account #	
request cancellation.		
Name:		
Signature: Email for payment details:		
Please return the completed do	cument to :	
ABBI, 101 W Riverwalk, Pueblo (CO 81003, Fax 719.242.2746	5

Text a pic to 509.341.4175

Email: <u>linda@americanbuckingbull.com</u>

Please contact Linda for more assistance at 719.470.6149