



Viking bank

ACH AUTHORIZATION

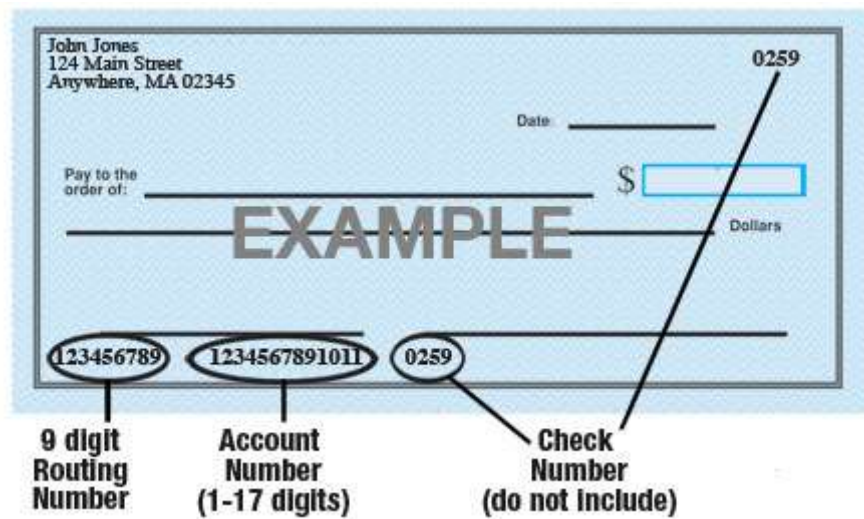
Debit Transaction Credit transactions

Please print and complete ALL the information below.

Customer: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: Checking Savings (Check One)

Attach a voided check.

Start Date: _____ Frequency: _____

I hereby authorize to Debit or Credit the account listed above.
This authorization will remain in effect until I modify or cancel it in writing.

Signature: _____ Date: _____

Please cancel authorization as of Date: _____ Signature: _____