



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I authorize Czechoslovak Society of America to initiate credit entries to the account identified below.

Full Name of Account Holder: _____

Name of Bank or Savings & Loan: _____

City _____ State _____ Zip _____

Bank Telephone Number: _____

Bank Routing/Transit # _____

Account #: _____ Checking

Savings

The authority to make automatic deposits to the account identified above will remain in full force and effect until Czechoslovak Society of America has received a written notification from an authorized account holder to:

1. Revise the election and has been afforded a reasonable opportunity to act upon the request, or,
2. Until the automatic annuity payments from Czechoslovak Society of America stop.

Annuitant Name: _____

Annuitant Address: _____

X _____
Signature of Annuitant

X _____
Date

X _____
Signature of Account Holder (if other than Annuitant)

X _____
Date

**** PLEASE ATTACH A VOIDED CHECK
TO THIS AUTHORIZATION ****