VALLEY HEALTH FOUNDATION

AUTHORIZATION AGREEMENT AUTOMATIC DEPOSITS
(ACH CREDITS)

I hereby authorize the **Valley Health Foundation (VHF)** to initiate credit entries to my account and, if necessary, to electronically debit my account to correct erroneous credits. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. **Please attach a Voided Check and complete the following information:**

_____
Financial Institution Name

_____
Financial Institution Address City/State Zip

_____
Account Name

_____
Routing Number Account Number

Account Name Type: ___Business ___Individual

Type of Account: ___Checking ___Savings

This authority is to remain in full force and effect until **VHF** has received notification from me of its termination in such time and manner as to afford **VHF** and **Heritage Bank of Commerce** a reasonable opportunity to act on it.

_____ _____
Print Business/Individual Name Address

_____ _____
Print Contact Name Contact Phone Number

_____ _____
Contact Email Date

_____
Authorized Bank Signature

ATTACH COPY OF VOIDED CHECK TO THIS FORM