

UNITED COMMUNITY BANK

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

Sponsor: Georgia Nutritional Services, Inc.

Location: 1080 Iris Drive, Suite 101, Conyers, GA 30094

I hereby authorize my **SPONSOR** (named above) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account listed below.

FINANCIAL INSTITUTION NAME	*TRANSIT / ABA NO.	ACCOUNT NO.	TYPE OF ACCOUNT
1. _____	_____	_____	<input type="checkbox"/> CHK <input type="checkbox"/> Savings
LOCATION: _____			

The authority is to remain in full force until **SPONSOR** has received written notification from me (or either of us) of its termination. In such time manner; as to afford **SPONSOR** and **FINANCIAL INSTITUTION** a reasonable opportunity to act on it.

FACILITY NAME: _____ ID NUMBER: _____

PRINTED NAME: _____

DATE: _____ SIGNATURE: _____

*Nine digit routing number that appears on the bottom of a check
(Include a voided check with authorization.)