



AUTOMATIC CREDIT AUTHORIZATION FORM		
Company Name: CHANGING TIDES FAMILY SERVICES		Company ID Number: 94-2297737
I (we) authorize <u>Changing Tides Family Services</u> , hereinafter called COMPANY, to initiate CREDIT entries to my (our) checking/savings account (circle one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law.		
Your Bank Name		Branch
City	State	Zip Code
Routing Number <i>(the first 9 numbers at bottom left of check)</i>	Account Number <input type="checkbox"/> Checking <input type="checkbox"/> Savings* <i>*For savings accounts, please provide a bank document showing your account number and routing number</i>	
This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.		
Name		Social Security Number
Date	Signature	
Note: all written credit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.		

PLEASE ATTACH VOIDED CHECK AND RETURN TO :
 Changing Tides Family Services
 2259 Myrtle Avenue
 Eureka, CA 95501
 Attn: Finance