



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Shareholder Name _____

We hereby authorize CALAMCO to initiate credit and, if necessary, debit entries and adjustments for any credit entries in error to our:

(select one) **Checking Account** or **Savings Account** indicated below, at the depository Financial Institution named below, and to credit or debit the same from such account. We acknowledge that the authority will remain in effect until we have cancelled it in writing with CALAMCO and that the origination of ACH transactions to the account must comply with the provisions of U.S. law.

Financial Institution _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Email _____

This authorization is to remain in full force and effect until CALAMCO has received written notification of its termination in such time, and in such manner as to afford CALAMCO and Financial Institution a reasonable opportunity to act on it.

Shareholder Name _____
(Please Print)

Date _____ Signature _____

Please return form to: pam.martin@calamco.com or fax to (209)983-0822

You can also mail it to: CALAMCO
Attn: Pam Martin
1776 W. March Lane, Suite 420
Stockton, CA 95207