

AUTHORIZATION TO:   START BANK DRAFT   CHANGE BANK DRAFT			
I hereby authorize Lancaster Cou or such adjusting entries, (debit (Check one box) Checking o Institution named below, to deb	or credit) which are necessar Savings account indicates.	ary for corrections, to my ated below. I further author	
* A VOIDED CHECK OR LETT ACCOUNT NUMBER MUST			
NEW FINANCIAL INSTITUTION	ON INFORMATION:		
FINANCIAL INSTITUTION NAME:			
CITY:			
TRANSIT/ABA NUMBER:	ACCOUNT I	ACCOUNT NUMBER:	
This authority is to remain in full Bank Draft Form from me of its ta reasonable opportunity to act	ermination in such time an		•
CUSTOMER INFORMATION	:		
CUSTOMER NAME:			
CUSTOMER ACCOUNT NUMBER:			
CUSTOMER SIGNATURE		DATE	
OFFICE USE ONLY BELOW			
RECEIVED BY	DATE		
POSTED BY		PRENOTE: MO	 ONTH/YEAR