



Farmers Market Ogden Direct Deposit Authorization Form

Account Type: Savings Checking

Vendor Name: _____

Name on Account: _____

Bank Routing Number (ABA Number): _____

Account Number: _____

By signing, you authorize Historic 25th Street Foundation - DBA Ogden Downtown Alliance (Farmers Market Ogden) to send credit entries electronically to my (our) account(s) indicated above and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law.

Authorized Signature: _____

Print Name: _____

Title: _____

Date: _____