

5/11/01 204M

ACH Debit Authorization

DIRECT DEPOSIT AUTHORIZATION FORM

I (we) hereby authorize Kiefer Public Works, hereinafter called Company, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called American Heritage Bank, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Primary Account

 (Financial Institution Name) _____ (Branch)

 (Address) _____ (City/State) (Zip)

 (Routing Number) _____ (Account Number) Type of Acct: ___ Checking ___ Savings

This authority is to remain in full force and effect until Kiefer Public Works (company) has received written notification from me (us) of its termination in such time and manner as to afford Kiefer Public Works (company) and American Heritage Bank a reasonable opportunity to act on it.

 (Print Individual Name) _____ (Signature)

 (Print Individual ID Number) _____ (Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM