



**Consumer Authorization for Direct Payment via ACH (ACH Debits)**

I, \_\_\_\_\_, authorize Brentwood Bank to electronically charge my checking account number \_\_\_\_\_ (and, if necessary, electronically credit my checking account to correct erroneous charges) as follows:

Product	<b>Kasasa Protect</b>
Address	
Email / Phone	
Social Security #	_____ Last four digits only.
Date of Birth	
Amount of Debit	___ \$7.99/month I have a Kasasa account. ___ \$9.99/month I do not have a Kasasa account.
Starting Effective Date	
Frequency	Monthly

I agree that the ACH transactions I authorize comply with all applicable laws.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Completed by Customer Support Center \_\_\_\_\_

**To Terminate Agreement**

Should I chose to terminate this agreement, I understand this authorization will remain in full force and effect until I sign below and return this form via mail to Brentwood Bank, 411 McMurray Road, Bethel Park, PA 15102, or by delivering to a Brentwood Bank branch.

Please allow at least seven business days prior to the proposed effective date of the termination of authorization.

Product	<b>Kasasa Protect</b>
Termination Date	

I authorize Brentwood Bank to terminate my enrollment in Kasasa Protect and stop electronic debits from my account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Completed by Customer Support Center \_\_\_\_\_

**For your security, please do not send form via email.**

*Protect Authorization form October 2017.*