



Authorization Agreement for Electronic Transfers (ACH Debits)

I/we hereby authorize CIT Bank, N.A. to initiate debit entries from my/our account below and to transfer the funds to the depository institution, hereinafter called "DEPOSITORY BANK," identified under section titled, "DEPOSITORY BANK" of this agreement.

CIT Bank Account (Select One)	
<input type="checkbox"/>	CD Account Number
<input type="checkbox"/>	Savings Account Number:

Depository Bank

Bank Name		City	State	Zip Code
Routing Number	Credit Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/> Other:		Credit Account Number	
Credit Account Name				

Transaction Information

Amount \$	Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	Effective Date	Termination Date (Optional)
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Customer Information

My/our account will remain subject to its individual terms and conditions, which are not modified by this authorization. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

I/We understand that this authorization will remain in full force and effect until the termination date stated below or until CIT Bank has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CIT Bank and the Depository Bank a reasonable opportunity to act on it.

Number of Signatures Required on Account: _____

Name	Daytime Phone	Signature	Date
Name	Daytime Phone	Signature	Date

BANK-USE ONLY

Signatures Verified By	Input By	Approved By	Date
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