



Direct Deposit Authorization

_____ authorizes and requests _____ to deposit the net amount indicated below in accounts at First United Bank ("Bank"). It is understood that the Bank reserves the right to cancel this agreement by notice to the undersigned; however, this authorization will remain in effect with _____ (company) and Bank until canceled by notice from undersigned or Bank.

| Name | Mailing Address | City, State, Zip |
|------|-----------------|------------------|
| | | |

| ACCOUNT INFORMATION | | |
|--|----------------|--|
| Type of Account C = Checking S = Savings | Account Number | Amount to be Deposited to Referenced Account |
| | | |
| | | |
| | | |
| | | |

Signature of Authorized Payee(s)

Date

Signature of Authorized Payee(s)

Date