

PREAUTHORIZED CREDIT/DEBIT AUTHORIZATION

| Account Information |
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| Checking/Savings Account Holder: |
| Address: |
| City/State/Zip: |
| Name of your Financial Institution: |
| Financial Institution Address: |
| Financial Institution City/State/Zip: |

| Payment Instructions | | | |
|---|------------------------|------------------------|-------------------------|
| Account Type: | Routing Number: | Account Number: | Amount: |
| | | | Set Maximum |
| Please attach a voided check or financial institution account verification letter. | | | |

AGREEMENT:

I/We hereby authorize _____ (*The Company*) to initiate **credit entries** **debit entries** (check one) and, if necessary, initiate adjustments for any transactions credited/debited in error, to the account at *The Financial Institution* indicated above until further notice from us. If this agreement changes any prior to authorization between you and *The Company*, the prior authorization is hereby cancelled, and we instruct you to follow this authorization. We further acknowledge that *The Company* has no responsibility to contact us when the above transfer(s) occur(s). We understand that we can call you to find out whether or not the transfer has been made. We understand that it is our responsibility to have sufficient funds available in our account on the transfer date(s) in order for *The Company* to make the automatic payment(s). We acknowledge that if sufficient funds are not available in our account to cover the amount of the transfer(s), the automatic payment(s) may not be made. We further acknowledge that the *The Company* will not be liable for any charges, including but not limited to any charge related to items returned because of insufficient funds, or for any late charges or additional interest if this authorization is for automatic payments. I/We understand that this authorization will remain in full force and effect until I/We notify *The Company* in writing that I/We wish to revoke this authorization in such time as to afford *The Company* and *The Financial Institution* a reasonable opportunity to act on it. I/We understand that *The Company* will retain this written authorization (or reasonable facsimile of the original items) for a period no less than two (2) years after the revocation or cessation of the authorization. I/We acknowledge that I/we has read, understands and agrees to the terms and conditions of this authorization. I/We acknowledge receipt of an exact copy of this authorization.

| | |
|-----------------|-------|
| Account Holder: | Date: |
| Account Holder: | Date: |