

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

COMPANY _____ COMPANY _____
NAME _____ ID NUMBER _____

I (we) hereby authorize _____, Hereinafter called COMPANY, to initiate debit entries to my (our) checking account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY
NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____ ACCOUNT NO. _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination is such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____ ADDRESS _____ Unit# _____

PLEASE PRINT

DATE _____ SIGNED _____ SIGNED _____

NOTE: IN CASE OF REVOKED AUTHORIZATION, WRITTEN NOTIFICATION MUST BE MADE TO THE ORIGINATOR NO LATER THAN 15 DAYS BEFORE THE NEXT TRANSACTION EFFECTIVE DATE.

PLEASE ATTACH A VOIDED CHECK.