## AUTHORIZATION AGREEMENT AUTOMATIC DEPOSITS (ACH CREDITS) & AUTOMATIC PAYMENTS (ACH DEBITS)

I hereby authorize company, hereinafter called COMPANY, to initiate credit entries and also initiate debit entries to my account indicated below and the financial institutions, named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to each account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

(Financial Institution Na	ame)		
(Address)	(City/State)	(Zip)	
(Routing Number)	(Account Number)		
Type of Account:	_ Checking Sa	vings	
This authority is to remandification from me of FINANCIAL INSTITU	its termination in such	time and manner as to a	
(Print Individual Name)			
(Signature)			

PLEASE ATTACH COPY OF VOIDED CHECK TO THE FORM