

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate debit entries to my (our):

_____ Checking

_____ Savings Account
(select one)

indicated below at the depository financial institution named below, hereinafter called FINANCIAL INSTITUTION, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to them must comply with the provisions of U.S. law.

Financial Institution

Branch (if applicable)

City

State

Zip

Routing Number

Account Number

Amount or Range

Effective Date

Frequency

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 in such time and in such manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name (Please print)

I D Number

Date

Signature

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLEASE ATTACH A VOIDED CHECK FOR ROUTING/TRANSIT AND ACCOUNT NUMBER VERIFICATION.