

AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENT (DEBITS)

COMPANY NAME _____

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate debit entries to my (our) checking or savings account (select one) indicated below, and the depository named below, hereinafter called DEPOSITORY, to debit same account.

DEPOSITORY

NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSMIT/ABA NO. _____ ACCOUNT NO. _____

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

NAME(S) _____ ID NO. _____

DATE _____ SIGNED _____

PLACE VOIDED CHECK HERE