

**AUTHORIZATION AGREEMENT FOR
ACH DEBITS**

Company Name _____ Company ID _____

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate debit entries to my (Our) ___ Checking Account/ ___ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Use separate forms for additional account numbers/depository names to be debited.

Financial Institution _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____ Checking _____ Savings _____

Charge: \$ _____ One Time(One Friday) _____ Monthly(Last Friday) _____ Quarterly(First Friday) _____
Annually(December 1st) _____

Start Date: _____ Date must be after mm/dd/yy

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 DEPOSITORY a reasonable opportunity to act on it.

(Print Individual Name) (Signature) (Date)

(Print Individual Name) (Signature) (Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

Receiver may revoke this authorization only by notifying the originator in the manner specified in this authorization.