

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name _____ Company ID Number _____

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate debit entries to my (our) account below and if necessary, electronically credit my (our) account to correct erroneous debits as follows:

Checking Account/Savings Account at the depository financial institution named below hereinafter called DEPOSITORY. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number: _____

Checking Account Savings Account Amount (Exact or Range):\$ _____

Effective Date: _____ Entry Type: Single Entry Multiple Recurring

Frequency: Weekly Bi-weekly Monthly Other: _____

I (we) understand that this authorization will 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. I (we) understand that COMPANY requires at least _____ days/weeks prior notice in order to cancel this authorization.

Name(s) _____ ID Number _____

Date _____ Signature _____