

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)**

Company Name: _____

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, hereinafter called DEPOSITORY, and to 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.

Depository Name: _____ **Branch:** _____

Amount: _____ **Frequency:** _____ **Start Date:** _____

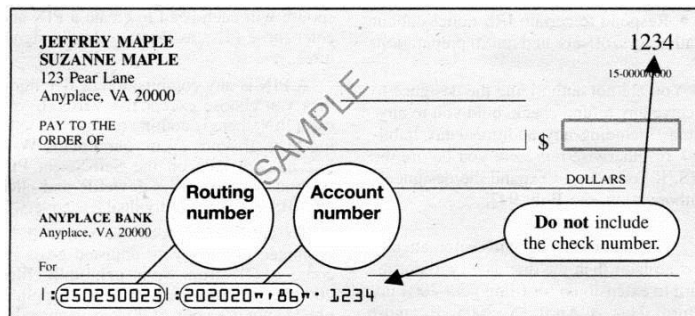
Routing Number (9 Digits): _____ **Account Number:** _____

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.

Name(s): _____
(Please Print)

Signature: _____ **Date:** _____

Please attach a VOIDED CHECK to this authorization if a checking account will be credited.



Note. The routing and account numbers may be in different places on your check.