

Authorization Agreement for Automated Payments

I/we hereby authorize _____ ["COMPANY"], to initiate debit entries to my/our account indicated below, and the financial institution named below ["BANK"], to debit same to such account.

Type of Account Checking Savings (Select one)

Routing # _____ Account # _____

Name(s) on Account _____

Bank Name _____

Bank Address Bank _____

City State ZIP _____

This authority is to remain in full force and effect until COMPANY and BANK have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Printed Name _____

Identification # _____

Signature _____

Date of Signature _____