



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

COMPANY NAME: _____

COMPANY TAX I.D. NUMBER: _____

I hereby authorize _____
hereinafter called "Company", to initiate debit entries and to initiate, if necessary, credit entries and
adjustments for debit entries in error to my (our): _____ Checking _____ Savings account
indicated below and the financial institution named below, hereinafter called "Depository" to debit
and/or credit the same to such account.

FINANCIAL INSTITUTION: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA NO: _____ ACCOUNT NO: _____
(9 positions)

This authority 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 the financial institution named above a reasonable opportunity to act on it.

NAME: _____

DATE: _____ SIGNED: _____

*SIGNED: _____

*Two signatures required for accounts in joint names.