

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

COMPANY NAME _____
ID NUMBER _____

I (we) hereby authorize _____, hereinafter called **COMPANY**, to initiate debit entries to my / our Checking () Savings() account (select one) indicated below at the depository financial institution named below, hereinafter called **DEPOSITORY**, and to debit the same to such account.

DEPOSITORY NAME _____
BRANCH _____
CITY _____ STATE _____ ZIP _____
ROUTING NUMBER _____
ACCOUNT NO. _____

This authorization is to remain in full force and effect until the **COMPANY** has received written notification from me (or either of us) of its termination in such time and such manner as to afford the **COMPANY** and **DEPOSITORY** a reasonable time to act on it.

NAME(S) _____
ID NUMBER _____

DATE _____ SIGNED X _____

NAME(S) _____
ID NUMBER _____

DATE _____ SIGNED X _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORGANIZATION IN THE MANNER SPECIFIED IN THE AUTHORIZATION.