

ACH DEBIT AUTHORIZATION AGREEMENT

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company: _____ (herein referred to as "Company")

Address _____

I (we) hereby authorize Company to initiate debit entries from my (our):

____ Checking Account

____ Savings Account

Please debit my (our) account for: _____ (description identifying withdraw)
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 provision of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ 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.

Depositor Name _____

Signature _____ Date _____

Name & Title _____

Signature _____ Date _____

Name & Title _____

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

Attach voided check here: