

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

I (we) hereby authorize _____, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Address)

(City-State)

(Zip)

(Routing/Transit Number)

(Account Number)

Type of Acct: Checking Savings

Debit amounts will range from _____ to _____. COMPANY will notify recipient by written notice of the amount and date on or after that it will be debited.

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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(print individual name)

(print individual name)

(print individual ID number)

(print individual ID number)

(Signature)

(Signature)

(Date)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM
(Customer retains second copy)**