

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: _____

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my account must comply with the ACH Rules and provisions of U.S. law. I further authorize COMPANY to initiate credit entries to my (our) account for the sole purpose of correcting any debit entries that were previously initiated in error or for an incorrect amount.

Depository/Financial Institution Name _____ Branch _____

City _____ State _____ Zip _____

Select One: Checking Account Savings Account

Bank Routing Number _____ Account Number _____

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

Name _____ Date _____
(Please Print)

Signature _____

Attach a VOIDED check in the box below to ensure correct entry of bank information.