

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

I hereby authorize _____, herein after called COMPANY, to initiate debit entries to my Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law.

Depository Name:	
Address:	
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 of its termination in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Your Name SSN Signature Date

Please attach a voided check to this form and return to _____ .