

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS

DEBIT AUTHORIZATION

I (we), _____, hereby authorize _____, hereinafter called "Company", to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for recurring debit entries. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. In the event of an erroneous or duplicate entry, I hereby authorize COMPANY to credit my account indicated below to correct any error made.

Financial Institution _____ Branch _____

Financial Institution's Address _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____ Type of Account (please check box)

Checking Savings

Amount of the debit or method of determining amount of the debit _____ Product/Service Description _____

Frequency: *Monthly, Weekly, Custom* _____ Start Date (if recurring) _____ Date of Debit(s) _____

If the debit is recurring and the date of the debit falls on a non-banking day, the debit may post to your account on the next banking day and will not post to your account prior to the authorized date.

Note: For varying amounts the company must send, based on the *Nacha Operating Rules*, written notification of the amount and the date on or after which the transfer will be debited at least ten calendar days in advance of the debit. If the date varies, the *Rules* state that the Originator must send the Receiver notification of new date at least seven calendar days in advance of the debit.

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 or Type Individual Name

Signature

Date

****Attach Voided Check****