

AUTHORIZATION AGREEMENT FOR ACH SERVICE

NAME

☐ PREAUTHORIZED PAYMENTS

I (we) hereby authorize _____, hereinafter called "COMPANY," to initiate debit entries to my (our) ____ Checking ____ Savings account (select one) indicated below and the depository institution named below, hereinafter called "DEPOSITORY," to debit the same to such account.

☐ AUTOMATIC DEPOSITS

I (we) hereby authorize _____, hereinafter called "COMPANY," to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit in error to my (our) ____ Checking ____ Savings account (select one) indicated below and the depository institution named below, hereinafter called "DEPOSITORY," to credit and/or debit the same to such account.

| | | |
|---------------------|----------------|----------|
| DEPOSITORY NAME | BRANCH | |
| CITY | STATE | ZIP CODE |
| TRANSIT/ABA NUMBER* | ACCOUNT NUMBER | |

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 in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

| | | |
|------------------------|-----------|------------------------------|
| NAME(S) (Please print) | | |
| DATE | SIGNATURE | SIGNATURE (if joint account) |

*Please check with your bank to confirm your Transit/ABA number.