

DIRECT DEBIT AUTHORIZATION AGREEMENT

I (we) hereby authorize _____, hereinafter called **COMPANY**, to make debit entries, and if necessary, to initiate credit entries and adjustments for any debit entries in error to my (our) account indicated below and the Financial Institution named below, hereinafter called **FINANCIAL INSTITUTION**, to debit (and credit, if necessary) it 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	Routing Number (9-digit)	Account Number	
_____	_____	_____	
Financial Institution Address	City	State ZIP	Phone

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.

Type of Account: ___ Checking ___ Savings

<p>Attach Voided Check Here</p>
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Print Name

Print Name

Signature

Date

Signature

Date