AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

CREDIT AUTHORIZATION

I (we), _____, hereby authorize _____, hereinafter called "COMPANY", to initiate electronic credit entries to my (our) account indicated below and the financial institution named below, hereinafter called "FINANCIAL INSTITUTION". I (we) acknowledge that ACH transactions I (we) authorize must comply with all applicable law. In the event of an erroneous or duplicate entry, I hereby authorize COMPANY to debit my account indicated below to correct any error made.

Financial Institution | Branch

Financial Institution's Address

City | State | Zip

☐ Checking ☐ Savings

Routing Number | Account Number | Type of Account *(please check box)*

Amount of credit(s) or method of determining amount of credit(s)

Frequency: *Monthly, Weekly, Custom* | Start Date | Date of Credit(s)

This authorization is to remain in full force and effect until I (we) notify COMPANY in writing that I (we) wish to terminate this authorization 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****