

ACH DEBIT AUTHORIZATION

COMPANY NAME _____
COMPANY ADDRESS _____
COMPANY ID _____

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate DEBIT entries to my (our) _____ indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to DEBIT the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

FINANCIAL INSTITUTION NAME _____
LOCAL ADDRESS _____
ROUTING NUMBER _____
ACCOUNT NUMBER _____
ACCOUNT TYPE _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

FULL NAME _____
SIGNATURE _____
DATE _____