

DIRECT DEBIT AUTHORIZATION AGREEMENT

I hereby authorize _____, hereafter called COMPANY, to initiate debit entries (and/or any subsequent correction entries) to my

_____ Checking Account _____ Savings Account

located at the financial institution indicated below:

Financial Institution _____
Routing Number _____ Account Number _____
(Attach a voided CHECK to authorization)

Amount (or how amount is determined): _____

Frequency (Weekly, Monthly, etc.): _____ 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 will hit your account on the next banking day and will not hit your account prior to the authorized date.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

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

Signature _____

Printed Name _____

Date _____

Termination of This Agreement: You may cancel this agreement by giving us written notice.

Your notice will be effective _____ (____) days after we receive it.

Effective _____ (date) the undersigned cancels this debit authorization agreement.

Signed _____