

AUTHORIZATION AGREEMENT FOR AUTOMATIC BANK DRAFT

I hereby authorize _____, hereinafter called ORGANIZATION, to initiate debit or credit entries to my Checking Account/Savings Account (circle one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit/credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Business Name _____

Address _____

Financial Institution Name _____

Routing Number _____ Account Number _____

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

Name _____

Signature _____ Date _____

Please attach a voided, blank check from the account that you wish to be debited for ACH

Fax to 615-373-9516