

Automatic Withdrawal Authorization

I (We) hereby authorize _____ hereinafter called "Company", to initiate debit entries and, if necessary, debit correction and adjustment to my (our) account at the financial institution listed below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution

Branch (Optional)

Address

City

State

ZIP

Routing & Transit Number

Account Number

Account Type:

Checking

Savings

This authority is to remain in full force and effect until "Company" has received written notification from the recipient of its termination in such a time and manner as to afford "Company" a reasonable time to act upon it.

Signature

Signature

Printed Name

Printed Name

Date