

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (We) hereby authorize _____, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the depository named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for _____. 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 _____

Transit/ABA# _____ Account# _____

Type of account: _____ Checking _____ Savings

Start date _____ Ending date _____

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

Signature _____ Signature _____

Date _____

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM