AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name _____ Company ID #_____

I (we) herby authorize _____, hereinafter called company, to initiate debit entries to my (our) ___Checking account/ ___savings account (select one) indicated below at the depository financial institution named below, hereafter 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 the US law.

Depository Name _____ Branch _____

City _____ State _____Zip _____

Routing Number _____ Account Number_____

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

Name(s)_____ ID # _____

Date _____Signature _____ _____

NOTE: WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MUST REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.