

AUTHORIZATION AGREEMENT FOR AUTO PAYMENTS

I (We) hereby authorize \_\_\_\_\_  
to debit entries to my (our) account indicated below.

\_\_\_\_\_  
(Financial Institution Name)

_____	_____	_____
(Address)	(City/State)	(Zip)
_____	_____	Type of
(Routing Number)	(Account Number)	Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Date _____	Amount \$ _____	

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 manner as to afford COMPANY a reasonable opportunity to act on it.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

***PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM.***