

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
(ACH CREDITS)**

NAME: _____

TAX I.D. NUMBER: _____

I hereby authorize _____
hereinafter called "Company", to initiate credit entries and to initiate, if necessary, debit entries and
adjustments for credit entries in error to my (our): _____ Checking _____ Savings account
indicated below and the financial institution named below, hereinafter called "Depository" to credit
and/or debit the same to such account.

FINANCIAL INSTITUTION: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA NO: _____ ACCOUNT NO: _____
(9 positions)

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 the
financial institution named above a reasonable opportunity to act on it.

NAME: _____

DATE: _____ SIGNED: _____

*SIGNED: _____

*Two signatures required for accounts in joint names.