AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

☐ ADD (New Participant)	☐ CHANGE (Financial Institution and/or Account #)	☐ DELETE (Cancel Participation)

I (we) hereby authorize _____, (the "Company", to initiate credit entries and if necessary, initiate debit correction or adjustment entries to my (our) account(s) at the financial institution(s) indicated below.

Please attach a voided check or financial institution verification letter for account validation.

☐ CHECKING ☐ SAVINGS

Depositary Financial Institution		Branch
Address		
City	State	Zip Code

TRANSIT ROUTING NUMBERS

⑆										⑆

ACCOUNT NUMBER INFORMATION

☐ CHECKING ☐ SAVINGS

Depositary Financial Institution		Branch
Address		
City	State	Zip Code

TRANSIT ROUTING NUMBERS

⑆										⑆

ACCOUNT NUMBER INFORMATION

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

Name(s) - Please Print			
Address	City and State	Zip Code	
Signed	Date	Signed	Date

THIS FORM IS TO BE RETAINED BY THE COMPANY AS A MATTER OF RECORD. PLEASE RETAIN A COPY FOR YOUR RECORDS.