

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME: _____ COMPANY ID NUM: _____

I (we) hereby authorize _____ hereinafter called COMPANY to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

BK TRANSIT/ABA NO. _____ ACCOUNT NUM. _____

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 a reasonable opportunity to act on it.

NAME(s) _____ IDENTIFICATION NUM. _____

DATE _____ SIGNED _____ SIGNED _____