

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

COMPANY NAME	TAX ID NUMBER <u>02 SS#</u>
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CHECK ONE:

<input type="checkbox"/> ADD (New Preauthorized Debit Participant)	<input type="checkbox"/> CHANGE (Financial Institution and/or Account #)	<input type="checkbox"/> DELETE (Cancel Participation in the Program)
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NOTE: Due to the time required for company and bank processing, please allow one or two weeks for processing.

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) account indicated below and the depository financial institution named below, hereinafter
called DEPOSITORY, to debit and/or credit the same to such account.

DEPOSITORY FINANCIAL INSTITUTION		BRANCH	
CITY	STATE	ZIP CODE	

TRANSIT ROUTING NUMBERS										ACCOUNT NUMBER INFORMATION									
:								:											

☐ CHECKING

☐ SAVINGS

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 DEPOSITORY a reasonable opportunity to
act on it. Please attach a voided check or deposit slip for account validation.

NAME(S) - Please Print		TAX ID NUMBER	
ADDRESS	CITY/STATE	ZIP CODE	
SIGNED		DATE	