

Debit Authorization

I (we) authorize _____, ("COMPANY") to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Financial Institution: _____ Type of Account: Checking Account Savings Account

Routing Number: _____ Account Number: _____

Amount of Debit: _____

Date(s) and/or frequency of debit(s): _____

Date of first debit: _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing that I (we) wish to terminate this authorization. I (we) understand that the COMPANY requires at least 30 days prior notice in order to cancel this authorization. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM.

Signature(s)

Printed Name(s)

Date: _____