



OFFICE USE ONLY

Acct No.: _____

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS

DEBIT AUTHORIZATION

I (we), _____, hereby authorize _____, hereinafter called "Company", to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for recurring debit entries. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution		Branch	
Financial Institution's Address			
City		State	Zip
Routing Number		Account Number	Type of Account (please check box)
		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Amount (or how amount is determined):		Product/Service Description	
Frequency: <i>Monthly, Weekly, Custom</i>		Start Date	Date of Debit(s)

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

Note: For varying amounts the company must send, based on the *NACHA Operating Rules*, written notification of the amount and the date on or after which the transfer will be debited at least ten calendar days in advance of the debit. If the date varies, the *Rules* state that the Originator must send the Receiver notification of new date at least seven calendar days in advance of the debit.

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 manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

_____	_____
Print or Type Individual Name	Phone Number
_____	_____
Signature	Date

****Attach Voided Check****