

| , (INDIVIDUAL/BUSINESS) hereby authorizes |
|---|
| , (ORIGINATOR), to initiate |
| credit OR debit entries to the account at the financial institution listed below. |
| iginator acknowledges that the origination of ACH transactions to the account must comply with the |
| ovisions of U.S. laws and regulations. |
| |
| nancial Institution: |
| Address: |
| City, State, Zip: |
| uting/ABA Number: Account #: |
| me on account: |
| count type:CheckingSavings |
| equency: |
| y of the month account will be drafted: |
| nount to be debited: |
| an Number(s): |
| art date: Stop date: |
| |
| is authorization is to remain in full force and effect until ORIGINATOR has received written notification the COMPANY/INDIVIDUAL of its termination in such a time and manner as to afford ORIGINATOR defined FINANCIAL INSTITUTION a reasonable time to act upon it. |
| nted Name: |
| nature: Title: |
| |