

Rhonda Shaw
Office Manager

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS (ACH DEBITS)

COMPANY NAME: _____ COMPANY ID NUMBER _____

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 in my (our) Checking Savings account (select one) 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 _____
TRANSIT/ABA NO. _____ ACCOUNT NO. _____

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.

NAME(S) _____ ID NUMBER _____

(PLEASE PRINT)

DATE _____ SIGNED X _____
SIGNED X _____