Credit Authorization
(To Single Account)

I (we) hereby authorize hereinafter called COMPANY, to initiate credit entries for (Application) to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____

(Financial Institution Name) (Branch)

_____

(Address) (City/State) (Zip)

Type of Acct: ____Checking ____ Savings

(Routing Number) (Account Number)

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 Individual Name) (Signature)

_____ _____

(Print Individual ID Number) (Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

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 (Application). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

_____

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

_____ Type of Acct: ____Checking _ Savings

(Routing Number) (Account Number)

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 Individual Name) (Signature)

_____

(Print Individual ID Number) (Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM