

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

ORIGINATOR NAME _____ ORIGINATOR ID NUMBER _____

I (we) hereby authorize _____, to initiate debit entries from the bank account indicated below for the benefit of the depository named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I (we) *confirm that the source of the funds for payment of these debit entries will not originate from a Financial Agency's office located outside the territorial jurisdiction of the United States.*

BANK NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____ ACCOUNT NO. _____

This authorization is to remain in full effect until the Originator has received written notification from the bank account owner(s) of any termination. This should be done in a suitable manner to allow all parties involved the opportunity to process any changes within a reasonable amount of time.

NAME(S) _____ ID NUMBER _____
PLEASE PRINT

ACCOUNT HOLDER SIGNATURE _____ DATE: _____

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NOTE: IN CASE OF REVOKED AUTHORIZATION, WRITTEN NOTIFICATION MUST BE MADE TO THE ORIGINATOR NO LATER THAN 15 DAYS BEFORE THE EFFECTIVE DATE OF THE NEXT TRANSACTION.

PLEASE ATTACH A VOIDED CHECK.