

## Authorization Agreement for Automatic Deposits

I hereby authorize \_\_\_\_\_ to make deposits from time to time in the account(s) identified below at the following Depository Financial Institution(s) (hereinafter referred to as DFI) and authorize the DFI to accept these deposits. Adjusting entries to correct errors are also authorized. It is agreed that these deposits and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to the Company. I acknowledge receipt of a filled in copy of this Authorization.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please staple voided check in the box.

Name of Bank \_\_\_\_\_

Routing & Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_

Dollar Amount \$ (or %) \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_