AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

☐ ADD (New Participant)	☐ CHANGE (Financial Institution and/or Account #)	☐ DELETE (Cancel Participation)

I (we) hereby authorize _____, (the "Company", to initiate credit entries and if necessary, initiate debit correction or adjustment entries to my (our) account(s) at the financial institution(s) indicated below.

Please attach a voided check or financial institution verification letter for account validation.

☐ CHECKING ☐ SAVINGS

Depository Financial Institution	Branch
Address	
City	State / Zip Code

TRANSIT ROUTING NUMBERS |: | | | | | | | | | | |:

ACCOUNT NUMBER INFORMATION | | | | | | | | | | | | | | |

☐ CHECKING ☐ SAVINGS

Depository Financial Institution	Branch
Address	
City	State / Zip Code

TRANSIT ROUTING NUMBERS |: | | | | | | | | | | |:

ACCOUNT NUMBER INFORMATION | | | | | | | | | | | | | | |

This authority is to remain in full force and effect until the Company has received written notification from me (or either of us) of its termination in such a time and manner as to afford the Company and the Depository Institution a reasonable opportunity to act on it.

Name(s) - Please Print			
Address	City and State	Zip Code	
Signed	Date	Signed	Date

THIS FORM IS TO BE RETAINED BY THE COMPANY AS A MATTER OF RECORD. PLEASE RETAIN A COPY FOR YOUR RECORDS.