



CUSTOMER AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS
[ACH CREDITS & DEBITS] REP. ID _____

I (we) hereby authorize the Company named above (the "COMPANY"), to initiate debit and credit entries to my (our) Checking Savings Account (select one) indicated below and the depository named below, hereinafter "", to debit or credit the same to such account. I further authorize the Company to debit said account for such amount allowed by law in the event a debit entry is rejected by the Depository.

DEPOSITORY
NAME _____ BRANCH _____
CITY _____ STATE _____ ZIP _____ - _____
TRANSIT/ABA NO. _____ ACCOUNT NO. _____

Please Check Those That Apply: This is a Bank Account of a Natural Person
 This Account is Used for Commercial/Business Transactions

ATTACH A COPY OF A VOIDED CHECK FOR THE INDICATED ACCOUNT

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, but no less than 3 business days before any payments are due to be made, and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

CLIENT NAME (Business or Personal as Appropriate) _____
DATE _____ SIGNATURE(S) _____
PRINT NAME (S) _____

A COPY OF THIS AGREEMENT MUST BE GIVEN TO THE CUSTOMER(S) WHO SIGNED

NOTE: ALL WRITTEN DEBIT AND CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

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