

Dr-auth

**AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)**

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 same to such account. I (we) acknowledge 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/Transit 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)	(print individual name)
_____	_____
(print individual ID number)	(print individual ID number)

	(Signature)

	(Signature)

(Date)

PLEASE ATTACH PICTURE OF VOIDED CHECK TO THIS FORM