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## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

NAME: \_\_\_\_\_  
(Company)

ID#: \_\_\_\_\_  
(Company EIN)

I (We) hereby authorize \_\_\_\_\_, hereinafter called *COMPANY*, to initiate debit entries to my (our) \_\_\_\_\_ Checking account, \_\_\_\_\_ Savings account indicated below at the depository named below, hereinafter called *DEPOSITORY*, to debit the same to such account.

**DEPOSITORY NAME:** \_\_\_\_\_ **BRANCH:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**ROUTING NUMBER:** \_\_\_\_\_ **ACCOUNT NUMBER:** \_\_\_\_\_

*This authorization is to remain in full force and effect until COMPANY has received written notification from me (either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.*

**NAME(S):** \_\_\_\_\_ **TIN:** \_\_\_\_\_  
PLEASE PRINT

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

ATTACH A VOIDED CHECK OR DEPOSIT SLIP BELOW: