



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: