

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS
(ACH DEBITS)

I (we) hereby authorize _____, hereinafter called Company to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking Account indicated below and the financial institution named below, hereinafter called Depository, to debit and/or credit to the same to such account.

In case of preauthorized variable amount debits, I (we) request that Company give me (us): (please select one)

- (10) Days prior written notice of the amount of any debit entry that varies from the previous amount; or
- Notice only when the debit does not fall within a specified range of amounts, which is \$ _____; or
- Notice only when a debit amount differs from the most recent one by more than agreed upon limit, which is \$ _____.

Depository

Name _____

Branch _____

City _____ State _____ Zip Code _____

Routing 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 in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Name(s) _____

(Please Print)

Date _____

Please Sign _____

Please Sign _____