

Authorization Agreement for Automatic Deposits

I hereby authorize _____ to make deposits from time to time in the account(s) identified below at the following Depository Financial Institution(s) (hereinafter referred to as DFI) and authorize the DFI to accept these deposits. Adjusting entries to correct errors are also authorized. It is agreed that these deposits and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to the Company. I acknowledge receipt of a filled in copy of this Authorization.

Name _____

Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

Email Address: _____

Signature _____ Date _____

Dollar Amount \$ (or %) _____ Checking _____ Savings _____

Please TAPE a **VOIDED CHECK** in the box below. If you do not have paper checks, you must provide a **DIRECT DEPOSIT LETTER FROM YOUR BANK**. **Deposits slips will not be accepted.

Please tape voided check here (do not staple)