

Electronic Credit Authorization

Please fill out and return with a *voided check*.

I authorize you and the financial institution listed below to initiate electronic entry to my _____ Checking Account or Savings Account (Please check one). This authority will remain in effect until I have canceled it in writing.

- I realize the day of month/amount may differ & authorize you and the financial institution to initiate electronic entry to my account. _____ (please initial)

The authorization is to remain in full force and effect until the 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.

Company Name

Financial Institution

Name (Please Print)

City/State

Signature

Account Number

Date

Routing and Transit Number

Initial _____ I understand that the above company may initiate a reversal of any entry made under this agreement if an error has been made. I understand that the financial institution at which I have the above account is required to provide to me the procedures for resolving errors on entries made under this agreement. I understand that the company will provide a written notice to me of the error within 24 hours.

Attach Voided Check Here