ACH Authorization Form

CREDIT AUTHORIZATION FORM

I (we) hereby authorize _____ (THE COMPANY) to initiate entries to my (our) checking accounts at the financial institution listed below (THE FINANCIAL INSTITUTION). This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____
(Name of Financial Institution)

_____
(Address of Financial Institution - Branch, City, State, & Zip)

_____   _____
(Signature)   (Date)

_____
Name - PLEASE PRINT)

_____
(Address - PLEASE PRINT)

Financial Institution Routing Number:_____

Checking/Savings Account Number:_____

These numbers are located on the bottom of your check as follows:

⑆ <u>123456789</u> ⑆ <u>123456789 0123</u> ⑈
    Routing Number   **Account Number**