

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (We) hereby authorize _____, hereinafter called COMPANY to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the FINANCIAL INSTITUTION named below, hereafter called FINANCIAL INSTITUTION, and to debit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution: _____

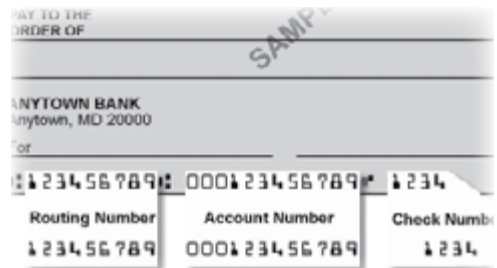
City: _____ State: _____ Zip: _____

ROUTING NUMBER

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ACCOUNT NUMBER

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Please attach a voided check to ensure that the Routing Number and Account Number are correct.

This authorization 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 FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name(s) _____

(Please Print)

Date _____ Signature _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.