AUTHORIZATION FOR PREAUTHORIZED PAYMENTS

I/We authorize the COMPANY (*named below*) to initiate debit entries to my/our account at the DEPOSITORY (*identified below*), for the purpose of accomplishing the following preauthorized payments:

COMPANY NAME_____

AMOUNT: _____ + $7.50 Fee = _____ Total_____

        A Fee of $7.50 will be added per withdraw

- DEPOSITORY NAME: _____
- BRANCH/ADDRESS:_____
- CITY,STATE, ZIP:_____
- PHONE: _____
- BANK ROUTING # (9 DIGITS):_____
- ACCOUNT #:_____
- ☐CHECKING   ☐SAVINGS

(A voided check may be attached in lieu of the above information).

My/Our account will remain subject to its individual terms and conditions, which are not modified by this authorization. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

I/We understand that this authorization will remain in full force and effect until notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and the DEPOSITORY a reasonable opportunity to act on it.

NAME(S): (Print or type)_____

_____   _____

Signature   Date   Signature   Date