

AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize _____, hereinafter called COMPANY,
(Association Name)
to initiate debit entries to my (our) account indicated below and the financial institution named below,
hereinafter called FINANCIAL INSTITUTION, to debit the same to such account.

(Financial Institution Name)

(Branch)

(Address)

(City/State)

(Zip)

(Routing Number)

(Account Number)

Type of Acct: ___ Checking ___ Savings

This authority 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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name)

(Print Association Account Number)

(Signature)

(Date)

(Start Date)