

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH CREDITS)

Company Name: _____

I (we) hereby authorize _____ (insert the name of your company) _____, hereinafter called COMPANY, to initiate credit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. Law. I (we) also acknowledge that I (we) will be bound to the NACHA Operating Rules. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the amount of the erroneous credit.

Depository Financial Institution Name: _____

City: _____ State: _____ Zip: _____

Routing Number: _____

Account Number: _____ Checking/Savings (circle one)

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 DEPOSITORY a reasonable time to act on it.

Name(s): _____

Signature(s): _____

Date: _____