

**AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS**

COMPANY NAME \_\_\_\_\_ COMPANY ID NUMBER \_\_\_\_\_

I (we) hereby authorize \_\_\_\_\_, hereinafter called COMPANY, to initiate debit entries to my (our) checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT / ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

*This authority is to remain in full force and effect until COMPANY and DEPOSITORY 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 opportunity to act on it.*

EFFECTIVE DATE \_\_\_\_\_ BILLING CYCLE \_\_\_\_\_

NAME(S) \_\_\_\_\_ ID NUMBER \_\_\_\_\_

DATE \_\_\_\_\_ SIGNED X \_\_\_\_\_ SIGNED X \_\_\_\_\_

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