

Debit Authorization

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

Branch

Address

City/State

Zip

Routing Number

Account Number

Type of Account: _____ Checking _____ Savings

\$_____ Amount of Monthly Contribution

This authority is to remain in full force and affect until COMPANY has received written notification from me (or either of us) its termination in such time and manner as to afford COMPANY and FINANCIAL institution a reasonable opportunity to act on it.

Print Individual Name

Signature

Date

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM