

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

<input type="checkbox"/> ADD (New Participant)	<input type="checkbox"/> CHANGE (Financial Institution and/or Account #)	<input type="checkbox"/> DELETE (Cancel Participation)
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I (we) hereby authorize _____, (the "Company", to initiate credit entries and if necessary, initiate debit correction or adjustment entries to my (our) account(s) at the financial institution(s) indicated below.

Please attach a voided check or financial institution verification letter for account validation.

CHECKING SAVINGS

Depository Financial Institution					Branch				
Address									
City				State			Zip Code		

TRANSIT ROUTING NUMBERS	ACCOUNT NUMBER INFORMATION
:	:

CHECKING SAVINGS

Depository Financial Institution					Branch				
Address									
City				State			Zip Code		

TRANSIT ROUTING NUMBERS	ACCOUNT NUMBER INFORMATION
:	:

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

Name(s) - Please Print									
Address					City and State			Zip Code	
Signed				Date		Signed			Date

THIS FORM IS TO BE RETAINED BY THE COMPANY AS A MATTER OF RECORD. PLEASE RETAIN A COPY FOR YOUR RECORDS.