

Debit Authorization

I(we) hereby authorize (Company), hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter call FINANCIAL INSTITUTION, to debit the same to such account for (Application). I(we) acknowledge that the Origination of ACH transactions to my(our) account must comply with the provisions of U.S. law.

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Financial Institution Name Branch

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Address City/State Zip

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Routing Number Account Number Type of Account \_\_\_ Checking \_\_\_ Savings

This authority is to remain in full force and effected 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.

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Printed Individual Name Signature

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Date

If you wish to receive your bill as an e-statement please include your email address.

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PLEASE ATTACH A COPY OF VOIDED CHECK TO THIS FORM!