

Direct Payment Authorization

I, _____, certify that I am a signer on the account listed below, and herewith grant _____ (hereinafter referred to as Payee) and its Agents, including Financial Institutions, authority to initiate debit entries, and if necessary credit entries and adjustments for any debits entries made in error, to the account listed below. This agreement will remain in effect until Payee is notified of its cancellation in writing and Payee and its Agents have had a reasonable time to effect such cancellation.

Name on Account _____

Signature / Date _____

Financial Institution Name _____

Account Number _____

Routing /Transit Number

--	--	--	--	--	--	--	--	--

Type of Account Checking Savings

Monthly on the: _____ Amount: _____

Please staple a copy of a voided check of the account to be debited. A deposit ticket may be substituted if a savings account will be debited.