Authorization for Direct Payment via ACH (ACH Debits)

I (we) authorize **Company** to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) for (select one):

       o a single (one-time) entry

       o recurring entries (that recur at substantially regular intervals without my affirmative action to initiate future entries)

as follows:

o Checking Account / o Savings Account (select one) at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable laws.

Depository Name: _____

Routing Number: _____ Account Number: _____

Name on Account: _____

Amount or range of amounts of debit(s): _____

Start Date: _____ Number of Payments: _____

Frequency of Payment: _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify **COMPANY NAME, ADDRESS & PHONE NUMBER** that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 3 days prior notice in order to cancel this authorization.

Receiver's Name(s)_____

Date Signature(s)_____