

ACH AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

Automatic Deposits

I (we), on behalf of our entity, _____,
 hereby authorize _____, hereinafter called COMPANY, to initiate credit entries to my (our) Checking account or Savings account (select one) indicated below and the depository institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account.

Bank Account Name

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Bank Name

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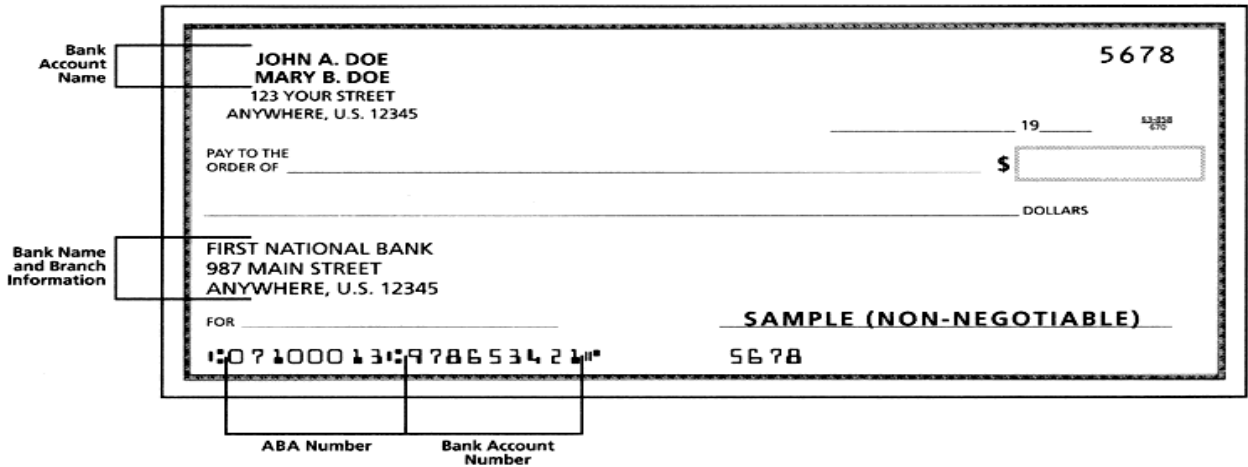
ABA Number

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Bank Account Number

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This sample check is to help you in completing your EFT authorization.



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

PLEASE CLICK HERE if you do not wish to participate at this time, and would prefer to continue to receive payment by check.

Name (s) (Please Print)	Email Address
Signature	Date