

and picture.
of voided check

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 called 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.

Financial Institution _____

Address _____

City/State/Zip _____

Routing Number _____ Account Number _____

Type of Account: Checking Savings

Amount: _____

Frequency (Weekly, Monthly, etc.): _____ Start Date (if recurring): _____

Date of Debit: _____

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

(Note: For varying amounts the company must send, based on the *NACHA Operating Rules*, written notification of the amount and the date on or after which the transfer will be debited at least ten calendar days in advance of the debit. If the date varies, the *Rules* state that the Originator must send the Receiver notification of new date at least seven calendar days in advance of the debit.)

This authority is to remain in full force and effective until COMPANY has received written notification from me / us of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

X _____
Print or Type Individual Name

X _____
Signature

X _____
Date

Please Attach Copy of Voided Check to This Form