AUTHORIZATION AGREEMENT FOR AUTO PAYMENTS

I (We) hereby authorize _____ , (hereinafter called COMPANY), to debit entries to my (our) account indicated below.

_____
(Financial Institution Name)

_____ _____ _____
(Address) (City/State) (Zip)

_____ _____ Type of Account: ☐ Checking ☐ Savings
(Routing Number) (Account Number)

Date _____ Amount $ _____

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 manner as to afford COMPANY a reasonable opportunity to act on it.

_____
(Name)

_____
(Signature)

_____
(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM.