

AUTHORIZATION FOR AUTOMATED CLEARING HOUSE (ACH) CREDITS/DEBITS

Company Name

I (we) hereby authorize **DBS Accounting & Management Svcs, Inc.** hereinafter called COMPANY, to initiate credit/debit entries to my (our) checking and/or savings account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit/debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S law.

Depository Name City	Branch State	Zip
Routing Number Dollar Amount	Account Number Account Type	Checking Savings
Depository NameCity	Branch State	Zip
Routing Number	Account Number Account Type	Checking Savings

This authorization 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 DEPOSITORY a reasonable opportunity to act on it.

Name	Name	
ID #	ID #	
Signature	Signature	
Date	Date	

<u>Please attach a copy of a voided check where possible, or contact your financial institution to obtain written</u> <u>verification of the institution's routing number. (Please do not give us a deposit slip, as these sometimes use</u> <u>an internal routing number instead of the institution's official routing number.)</u>

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