



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I (we) hereby authorize _____,
hereinafter called COMPANY, to initiate credit entries, and if necessary debit entries and adjustments
for any credit entries processed in error to my (our) _____ Checking _____ Savings account (select
one) indicated below and the Bank named below.

BANK _____ LOCATION _____

CITY _____ STATE _____ ZIP _____

TRANSIT / ABA # _____ ACCOUNT # _____

This authority is to remain in full force and in 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
BANK a reasonable opportunity to act on it.

I (We) understand that the BANK is not responsible for any errors made by the COMPANY and that the
BANK can only initiate debit and credit entries based upon information given to it by the COMPANY.
I agree that the BANK has no liability to me if it is unable to make any transfer because of an act of
God, mechanical failure or any interruption in communications not within its control, or if sufficient
funds are not given to it by the COMPANY in the amount of the required transfer.

NAME(S) _____ SS # _____
(please print)

DATE _____ SIGNED _____

SIGNED _____

*** ATTACH A COPY OF A VOID CHECK HERE.**