

AUTHORIZATION FOR AUTOMATED PAYMENT

I authorize _____, and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

(NAME OF FINANCIAL INSTITUTION) . (BRANCH)

(CITY) (STATE) (ZIP CODE)

(SIGNATURE)

(NAME - PLEASE PRINT)

(ADDRESS - PLEASE PRINT)

Acct No. _____ Checking _____ Savings _____

Financial Institution Routing Number _____

PLEASE ATTACH VOIDED CHECK HERE