

ACH AUTHORIZATION FORM

I (we) hereby authorize _____ (The Company), to initiate debit entries from my checking/savings accounts at the Financial Institution listed below, and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until _____ is notified by me (us) in writing prior to the 15th day of the month before cancellation/change is to be effective which will afford The Company and The Financial Institution a reasonable opportunity to act on it.

Date: _____

Name: _____

Lot No. (if applicable): _____

Address: _____

Financial Institution: _____

Financial Institution Routing No.: _____

Financial Institution Account No.: _____

Date of Withdrawal (Between the 1st and the 3rd of the Month): _____

NAME: _____

SIGNATURE: _____

DATE: _____