

## Authorization Agreement for Automatic Deposit

### DEPOSITORY INSTITUTION

I (we) hereby authorize credit entries to the checking/savings account in the "Depository Institution" named below, and I (we) authorize the depository institution to accept and to credit the amount of such entries to this account. If funds which I am not entitled are deposited to this account, I (we) authorize you to direct the bank to return said funds.

Depository Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### ACCOUNT TYPE

Checking Account – Please include a voided check or copy of a voided check.

Name on Account \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Savings Account - Please call your bank for verification of the account and bank routing numbers.

Name on Account \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

### EFFECTIVE DATE

This authorization is to remain in full force and effect until written notification is received from me of its termination in such time and manner as to afford the Company a reasonable opportunity to act on it.

### NAME AND SIGNATURE

Name (Please print.) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_