

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS

NAME(S) OF ACCOUNT HOLDER _____

CUSTOMER ACCOUNT NUMBER _____

DATE _____

I (we) hereby authorize _____ hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY
NAME _____

BRANCH _____

CITY _____

STATE _____

ZIP _____

TRANSIT / ABA NO. _____

ACCOUNT NO. _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have each 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. I (we) will receive prior written notice of the amount to be debited to my (our) account which will allow me (or either of us) to stop payment of the debit entry by notifying the DEPOSITORY at least three days prior to the date the account is to be charged. I (we) will send written notice of an erroneous charge to the account to the DEPOSITORY within 15 days of the issuance of the account statement or 45 days after the account was charged, whichever occurs first.

SIGNATURE _____

(As it appears on your check)

SIGNATURE _____

(As it appears on your check)