



New

Change

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I hereby request and authorize _____ to initiate debit entries to my checking/ savings account indicated below at the depository financial institution named below, and to credit the same to such account. I acknowledge that the origination of these transactions to my account must comply with the provisions of U.S. law.

I agree that this authorization, unless terminated sooner by the Company, is to remain in effect until receipt by the company of written notice from me of its revocation in such a manner as to afford Company and depository a reasonable opportunity to act on it.

Authorized Signature as it Appears on Bank Records

Date

| |
|--|
| Name of Depositor(s) as it appears on bank records |
| Name of Bank |
| Address of Bank or Branch Office Where Account is Maintained |

**ATTACH SAMPLE/ COPY CHECK MARKED
“VOID”**