

DEBIT AUTHORIZATION

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for _____.

_____		_____	
Financial Institution Name		Branch	

Address		City/State	Zip
_____		Type of Acct: ___ Checking ___ Savings	
Routing Number	Account Number		

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____		_____	
Print Individual Name		Signature	
_____		_____	
Print Individual ID Number		Date	

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!