

CUSTOMER'S AUTHORIZATION

Please fill out a return to the office for processing.

I authorize you and the financial institution listed below to initiate electronic debit entries, and if necessary, credit entries and adjustment for any debit entries in error to my:

Checking Savings

Type of Account: New Account Update Account Information

Effective Date: 1st of the month of _____

Monthly Amount: _____. This amount is subject to change as monthly charge amounts change.

Initial: _____ This authority will remain in effect until I have cancelled it in writing, giving notice or moving out does not initiate canceling of my ACH payment.

Name: _____.

Address: _____.

Financial Institution: _____.

Signature _____ Date _____

Please attach a voided check.