AUTHORIZATION FOR AUTOMATIC PAYMENTS

I authorize the COMPANY to initiate debits, and any credits necessary to correct errors, to complete the following payments from MY ACCOUNT at the DEPOSITORY:

COMPANY _____

Payment Description: _____

Payment Amount: _____

☐ The payment amount may vary. ☐ Maximum: $ _____.

I have the right to receive notice at least 10 days in advance of the due date of any payment of a varying amount.

☐ I choose to receive this notice ONLY when the payment amount falls outside the following range: $ _____ to $ _____.

☐ I choose to receive this notice ONLY when the payment amount differs from the most recent payment by more than $ _____ .

Frequency: ☐ Monthly ☐ _____ .

Authorization Type: ☐ New ☐ Change (replaces a previous authorization)

Optional: ☐ Effective Date _____ ☐ Termination Date _____

DEPOSITORY NAME: _____

Branch: _____ Phone: _____

City: _____ State: _____ ZIP: _____

Routing #: _____ (☐ Voided check/draft/deposit slip attached.)

MY ACCOUNT #: _____ ☐ Checking ☐ _____

This authorization will remain in effect until any termination date above, or until:

☐ COMPANY receives written notice of termination from me in a time and manner allowing the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

☐ _____
_____
_____ .

My account remains subject to its original terms, which are not altered by this authorization. I acknowledge these payments must comply with the provisions of U.S. law.

_____   _____
Date   Date