

DIRECT DEBIT OR CREDIT AUTHORIZATION

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

____ Checking Account

____ Saving Account

This authority will remain in effect until I have cancelled it in writing.

Date: _____

Financial institution _____

Branch: _____

City, State _____

Account number at financial institution _____

Financial institution ABA or Routing number _____

Name: _____

(Please print)

Signature _____

Please attach a voided check or deposit slip.