



DIRECT PAYMENT AUTHORIZATION One Account

I (we) hereby authorize _____ hereinafter called "Company", to initiate debit entries, and, if necessary, debit corrector and adjustment entries to my (our) account at the financial institution listed below.

(Financial Institution Name)

(Address)

(City/State/Zip)

(Routing & Transit #)

(Account #)

(Account Type)

(Checking/Draft)

(Savings/Share)

(Loan)

This authority is to remain in full force and effect until "Company" has received written notification from the recipient of its termination in such a time and manner as to afford "Company" a reasonable time to act upon it.

(Recipient Signature)

(Printed Name)

(Date)

Please attach a voided check or financial institution account verification letter to this form.