

DIRECT DEBIT AUTHORIZATION

I authorize you to automatically debit my checking/savings account as designated below. This authority will remain in effect until I give written notification to cancel it.

__ Checking Account # _____

OR

__ Savings Account # _____

ROUTING/TRANSIT NUMBER (9 numbers)

Amount__ Varies____ Start Date_____

FINANCIAL INSTITUTION

CUSTOMER NAME (Please Print)

CITY

CUSTOMER SIGNATURE

DATE

Required: Please include voided check to insure correct information for set up.