ACH Debit Authorization

I/We hereby authorize _____, hereinafter called Company, to initiate debit entries to my/our account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for (Applicant). I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

_____

Financial Institution

_____

Address/City/State/Zip

_____ _____

Routing Number Account Number

Account Type: Checking _____ Savings _____

Personal _____ Business _____

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

_____

Print or Type Individual or Business Name

_____

Service Address

_____ _____

Utility Account Number Phone Number

_____ _____

Signature Date

Please attach a copy of the voided check or bank document to verify routing and account number to this form.