Credit/Debit Authorization Form

I (we) hereby authorize _____ *(The Company)* to initiate a (***select one:*** CHARGE ___ or CREDIT ___) entry to my (our) checking/savings account at the *Financial Institution* indicated below, and initiate adjustments (if necessary) for any transactions credited/debited in error. This authority will remain in effect until The Company is notified by me (us) in writing to cancel it in such time as to afford The Company and Financial Institution a reasonable opportunity to act on it.

_____ _____

Name of Financial Institution **Location (City, State)**

Financial Institution's Routing/Transit Number: _____

(Look between symbols "|: |:" on your check.)

_____ _____

Customer/Employee Signature **Date**

_____

Customer/Employee Name (Please Print)

Checking Account Number: _____

OR

Savings Account Number: _____

If your account is to be charged, you may select one of the following:

Set Amount $_____

OR

Maximum Amount $_____

Please Attach a Copy of a Canceled Check