

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