

**SCHEDULED
AUTHORIZATION FORM**

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

CONSUMER NAME (S) _____

I (WE) HEREBY AUTHORIZE _____,
HEREINAFTER CALLED **COMPANY**, TO INITIATE DEBIT ENTRIES TO MY (OUR)
CHECKING ACCOUNT INDICATED BELOW AND THE DEPOSITORY NAMED
BELOW, HEREINAFTER CALLED **DEPOSITORY**, TO DEBIT THE SAME TO SUCH
ACCOUNT.

DEPOSITORY NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA/ROUTING NO. _____

ACCOUNT NO. _____

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL **COMPANY**
AND **DEPOSITORY** HAS RECEIVED WRITTEN NOTIFICATION FROM ME (OR
EITHER OF US) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS
TO AFFORD **COMPANY** AND **DEPOSITORY** A REASONABLE OPPORTUNITY TO
ACT ON IT.

CONSUMER NAME (S) _____
(PLEASE PRINT)

EFFECTIVE DATE _____

SIGNED - X _____ DATE _____

SIGNED - X _____ DATE _____

*****PLEASE PROVIDE A VOIDED CHECK FOR ACCOUNT
VERIFICATION PURPOSES.**