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

_____

_____

(City & State)

Financial Institution's Routing/Transit Number

_____

Checking Account Number: _____

or

Saving Account Number: _____

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

Set Amount $_____

OR

Maximum Amount $_____

_____

Customer Name (Please print)

_____

Date

_____

Customer Signature

Please Attach a Copy of a Canceled Check