

**AUTHORIZATION FORM  
FOR SERVICES PROVIDED**

I hereby authorize \_\_\_\_\_, (THE COMPANY) to initiate entries to/from my checking/savings account at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited 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 THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address of Financial Institution- Branch, City, State, & Zip)

\_\_\_\_\_  
(Name- PLEASE PRINT)

\_\_\_\_\_  
(Address- PLEASE PRINT)

\_\_\_\_\_  
(Financial Institution Routing Number)

\_\_\_\_\_  
(Checking Account Number)

OR

\_\_\_\_\_  
(Savings Account Number)

\$ \_\_\_\_\_  
(Amount to be deducted)

Twice monthly on 15<sup>th</sup> and 30<sup>th</sup>

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Check box if you want a copy of this authorization form.