(ACH DEBITS)

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

Company/Vendor Name: _____

Company/Vendor Account Number: _____

I hereby authorize _____, hereinafter called COMPANY, to initiate debit entries to my (our) CHECKING ACCOUNT indicated below, which is held at SIGNATURE BANK, hereinafter called DEPOSITORY, and to debit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY: Signature Bank 355 Eastman Park Drive, Windsor, CO 80550
Routing Number: 107007058

CHECKING ACCOUNT NUMBER: _____

PERSONAL INFORMATION: _____

SSN: _____ HOME PHONE: _____ WORK PHONE: _____

ADDRESS: _____
City State Zip

This authorization is to remain in full effect until COMPANY 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.

Signature: _____ Date: ___/___/___

NOTE: WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Please attach a copy of your VOIDED Signature Bank check here.