

## DIRECT PAYMENT AUTHORIZATION

I hereby authorize \_\_\_\_\_, hereinafter called "Company", to initiate debit entries and, if necessary, debit corrections and adjustment entries to my account at the financial institution listed below.

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Branch

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Routing & Transit Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Type (Checking/Savings)

\_\_\_\_\_  
Amount/Weekly/Monthly

This is to remain in full force and effect until "Company" has received written notification from the recipient of its termination in such a time and manner as to afford "Company" a reasonable time to act upon it.

\_\_\_\_\_  
Recipient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name