

**AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS (DEBITS)**

NAME \_\_\_\_\_ LDWA NUMBER \_\_\_\_\_

I (we) hereby authorize \_\_\_\_\_, hereinafter called Company, to initiate debit entries to my (our) \_\_\_\_\_ Checking \_\_\_\_\_ Savings (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same account.

DEPOSITORY  
NAME \_\_\_\_\_ BRANCH \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

This authority is to remain in full force and effective 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.

NAME (S) \_\_\_\_\_ LDWA ID NO. \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNED \_\_\_\_\_

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**PLACE A  
VOIDED CHECK  
HERE**

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