

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

Location (City, State)

Financial Institution's Routing Transit Number

(Look between symbols " | : |:" on your check)

Customer Signature

Date

Customer Name/ (Please Print)

Checking Account # _____ **Amount \$** _____

Savings Account # _____ **Amount \$** _____