

AUTHORIZATION TO WITHDRAW

(NAME OF COMPANY)

Purpose of Authorization: (Check One)

New authorization
(Complete A, B, C and F)

Changes to existing authorization
(Complete A, B, D and F)

Cancellation
(Complete A and E)

A. Business/Customer Information

Name (please print)

Social Security Number/Tax ID

Business or Organization (if applicable)

B. Banking/Financial Institution Information

Name of Bank/Financial Institution

Phone Number of Institution

Routing number

Account number

Checking

Savings

C. New Authorization Statement

I authorize withdrawal of the amount due from my account at the financial institution indicated above. I understand I may terminate this agreement at any time by completing another Direct Draft Authorization form, allowing a reasonable time for the authorized to act upon my request for termination.

Signature

Date signed

D. Change Authorization Statement

I authorize and request the changes indicated on this form for automatic withdrawal of my account.

Signature

Date signed

E. Cancellation Statement

I request termination of my authorized direct draft of the monthly amount due from my account. I will allow a reasonable time for the authorized to act upon my request to terminate this agreement.

Signature

Date signed

F. Attach a voided check only and return the form to address above. NOTE: Deposit slips are not accepted. If you do not have checks, your financial institution must fax notification on letterhead to the fax number above providing the name on the account, the type of account (saving or checking), routing number and account number with the contact name, number and signature of the authorizing person at your financial institution.