AUTHORIZATION FOR AUTOMATIC PAYMENTS

I authorize COMPANY to initiate debits, and credits necessary to correct errors, to complete the following payments from MY ACCOUNT at the DEPOSITORY:

COMPANY: _____

Payment Description: _____

Payment Amount: _____

      The payment amount may vary.   Maximum: $_____

      I have the right to receive notice at least 10 days in advance of the due date of any payment of a varying amount.

            I choose to receive this notice ONLY when the payment amount falls outside the following range: $_____ to $_____.

            I choose to receive this notice ONLY when the payment amount differs from the most recent payment by more than $_____.

Frequency: Monthly   _____.

Authorization Type: New   Change (replaces a previous authorization)

Optional: Effective Date_____   Termination Date_____

DEPOSITORY NAME:_____
Branch:_____   Phone:_____
City:_____   State:_____ ZIP:_____

Routing #:_____   Voided check/draft/deposit slip attached.

MY ACCOUNT #:_____   Checking   Other_____

This authorization will remain in effect until any termination date above, or until:
     COMPANY receives written notice of termination from me in a time and manner allowing the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

     _____
     _____
     _____.

My authorization remains subject to its original terms, which are not altered by this authorization. I acknowledge these payments must comply with the provisions of U.S. law.

_____   _____
Signature   **Date**   **Signature**   **Date**