

SCHEDULE D

**AUTHORIZATION FOR DIRECT PAYMENTS (ACH DEBITS)**

COMPANY NAME

I (we) hereby authorize \_\_\_\_\_ hereinafter called COMPANY, to initiate debit entries to my (our) Checking or Savings account indicated below and the depository financial institution named below, hereinafter called BANK to debit the same to such account. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of the U.S. law.

BANK NAME

BRANCH ADDRESS

CITY

STATE

ZIP CODE

TRANSIT ABA NUMBER \_\_\_\_\_

ACCOUNT NUMBER

This authority is to remain in full force and effect until COMPANY 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 BANK a reasonable opportunity to act on it.

NAME(s)

ID NUMBER

DATE

SIGNATURE