# CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize _____ (THE COMPANY) to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments 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 THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____
(Name of Financial Institution)

_____
(Address of Financial Institution - Branch, City, State & Zip)

_____          _____
(Signature)                                                (Date)

_____
(Name - PLEASE PRINT)

_____
(Address - PLEASE PRINT)

Set Amount: _____          Maximum Amount: _____

Checking/Savings Account Number: _____

Financial Institution Routing Number: _____
(Look between these symbols l:   :l on the bottom left of your check)