

AUTHORIZATION TO HONOR ACH DEBITS OR DRAFTS

Name as checks are signed _____

Account number _____ Routing number _____

Name of bank _____

Bank address _____

As a convenience to me, I hereby request and authorize you to pay and charge my account \$_____ payable to the order of _____, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check shall be the same as if it were a check drawn on you and signed personally by me. The authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such check. I further agree that if any such check be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever.

ATTACH VOIDED CHECK

Date _____ Sign as you sign on your checks _____

Printed Name _____

START DATE: _____ Weekly / Bi Monthly / Monthly

So that you may comply with your depositor's authorization the _____ agrees that:

1. No such checks will be drawn except upon valid subsisting authority from the depositor whose account is to be charged.
2. You shall be under no obligation whatsoever to make any investigation or determination as to the authenticity or correctness of any such check or to verify the authority to pay such checks.
3. You will be indemnified and held harmless from any loss you may suffer as a consequence of your actions resulting from or in litigation with the execution and issuance of any check under the Plan whether or not purporting to be received by you in the regular course of business for the purpose of payment including any cost or expenses incurred in connection therewith.
4. In the event of any such check issued under the Plan is dishonored, whether with or without cause and whether intentionally or inadvertently, you will be indemnified and held harmless from any loss you may suffer.
5. We will defend at our own cost and expenses any action which might be brought by any depositor or any other persons because of your actions taken pursuant to the foregoing authorization or in any manner arising be reasons on your part in the foregoing plan.
6. We will refund any amount erroneously paid by you on any such check issued under the Plan if claim for the erroneous payment is made by you within the twelve months from the date which such erroneous payment was made.