

Authorization Agreement for Automatic Withdrawal (ACH Debits)

Inspiration Inn Bloom, LLC

I hereby authorize Inspiration Inn Bloom, LLC to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my Checking/Savings account indicated below and the depository named below to debit and/or credit the same to such account.

Name: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Date to begin (15th of month) : _____

The authority is to remain in full force and effect until Inspiration Inn Bloom, LLC has received written notification from me of its termination in such time and such manner as to afford Inspiration Inn Bloom, LLC and Depository a reasonable time to act on it.

Signature: _____

Date: _____

Please attach a voided check.

Mail form to:
Inspiration Inn Bloom, LLC
11537 W. Bloom Rd
Oak Harbor, OH 43449
419-250-1237