



Schedule F

ACH Authorization Agreement Direct Payments – Collect Money

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: _____

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate Debit Entries (withdrawal) to my (our) Checking/ / Savings Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I authorize Company to promptly correct any transactions conducted with an in correct amount. I further understand, that the correcting entry could be a debit or credit to my account.

Depository (Bank Information)

Bank Name: _____

Bank Address: _____ City: _____ State: _____

Routing Number: _____ Account Number: _____

Type of Account: Checking Savings
(circle one)

This authorization 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 DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____

Signature: _____ Date: _____

Note: All written credit authorizations MUST provide that the receiver may revoke the Authorization only by notifying the Originator in the manner specified in the authorization.