

Authorization Agreement for Automatic Payments

_____ (Sponsor) authorizes DANZ 501 to begin electronic debit entries to Sponsor's account listed below per Payment Terms.

Sponsor's Information (Please Print)

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone # _____

Financial Institution

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone # _____

Checking – Please include a voided check.

Savings – Please include a savings deposit slip.

Transit # _____

(The 9 digit number between the colons on the bottom of your check)

Account # _____

Important Information: Sponsor has the account at the Financial Institution named with sufficient funds to pay all debt entries. For each monthly withdrawal, the account will be electronically charged on the 10th of the month or first business day after. The debit entry will serve as Sponsor's receipt. This agreement may be terminated by either party. You may elect to terminate by providing Danz 501 20 days written notice.

Account Holder's Authorized Signature

_____/_____/_____
Date

Danz 501 Authorized Signature Date

_____/_____/_____
Date