



UMPQUA
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AUTOMATIC CREDIT AUTHORIZATION FORM

Company Name Rexius	Company ID Number
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I (we) authorize Rexius , hereinafter called COMPANY, to initiate CREDIT entries to my (our) checking/savings account (c'rcle one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law.

Depository Name	Branch
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City	State	Zip
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Routing Number	Account Number
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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 such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME (S)	ID NUMBER
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DATE	SIGNATURE & TITLE
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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.