AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

	Effective Date
Name	Pendleton Account Number
entries to my (our) Checking Account or _ depository financial institution named below, her	Corporation hereinafter called COMPANY, to initiate debit Savings Account (select one) indicated below at the reinafter called DEPOSITORY, and to debit the same to such acknowledge that the origination of ACH transactions to my (our .S. law.
Depository/Bank name	Branch
City	StateZip
·	Account Number
****** A "VOID" CHE	CCK MUST BE ATTACHED *********
	d effect until COMPANY has received written notification from n id in such manner as to afford COMPANY and DEPOSITORY a
Name(s)	
DateSignate	ure
ID# ID TYPE_	
	ΓΙΟΝS MUST PROVIDE THAT THE RECEIVER MAY NOTIFYING THE ORIGINATOR IN THE MANNER
TO CANCEL AUTOMATIC WITHDRAWAL	
Signature	Effective Date
TO CHANGE BANKING INFORMATION	
Depository/Bank name	Branch
City	State Zip
Routing Number	Account Number
Signature	

^{*} If the 15th falls on the weekend, then the debit will be made on the Friday before.