



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize _____ hereinafter called COMPANY, to initiate debit entries to my (our) ___ Checking Account/ ___ Savings Account (select one) indicated below at the depository financial institution named below, hereafter 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.

Depository/Bank Name _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

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) _____ Account # _____

Street Address _____

Date _____ Signature _____

DRAFTS ARE DONE ON THE 15TH OF EACH MONTH

PLEASE ATTACH COPY OF VOIDED CHECK WITH ALL SUBMISSIONS

Mail forms to: 4774 New Jesup Highway, Brunswick, GA 31520
Fax forms to: 912-262-0423
E-mail forms to: info@woodrowsapp.com

Please call with us with any questions at 912-265-2603.