

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS

DATE	MCPU ACCT NO			
I (we) hereby authorize M hereinafter called COMPAN and the depository named	IY, to initiate debit e	entries from	my (our) checking accou	nt indicated below
DEPOSITORY NAME			BRANCH	
CITY	STATE	ZIP	PHONE	
TRANSIT/ABA NO :		: ACCO	UNT NO	
This authority is to remain written notification from meafford COMPANY and DEP	e (or either of us) of	its terminat	ion in such time and in s	
NAME(S)				
ADDRESS	PHONE #			
SIGNATURE	WITNESS			

Please attach a copy of a voided deposit slip or check.