



AUTHORIZATION AGREEMENT FOR AUTOMATIC MONTHLY WITHDRAWAL

I authorize the above name Originating Company to initiate credit/ debit entries and to initiate, if necessary, debit/ Credit entries and adjustments for any entries to my (our) account listed below.

FINANCIAL INTSTITUTION NAME: _____

***TRANSIT/ABA NUMBER (ROUTING#):** _____

ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: **CHECKING** **SAVINGS**

The authority is to remain in full force until the company has received written notification from me (or either of us) of its termination in such manner as to afford the company a reasonable opportunity to act on it. (30 days)

ATHLETE NAME (PRINTED): _____

ACCOUNT NAME (PRINTED): _____

AUTHORIZED SIGNER (SIGNATURE): _____

DATE: _____ **SIGNATURE:** _____

***Nine digit routing number that appears on the bottom of check (include a voided check with authorization)**