



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize **Multiple Financial Services, Inc.**, hereinafter called MFSI, to initiate debit entries to my (our) Checking Account / Savings Account (select one), and if necessary make any adjustments via credit entries for any erroneous debit, indicated below at the depository financial institution named above, hereafter called DEPOSITORY.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____

City, State & Zip _____

Routing Number _____ Account Number _____

The authorization is to remain in full force and effect until MFSI has received written notification from me (or either of us) of its termination in such time and in such manner as to afford MFSI and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____
(Please Print)

Date _____ Signature _____

Please staple a copy of a voided check of the account to be debited.