

AUTHORIZATION AGREEMENT FOR AUTOMATIC BILLING

I (We) hereby authorize The called COMPANY, to initiate		Tax ID No. <u>75-2249623,</u> hereinafter ny (our)
Check account indicated below a hereinafter called DEPOS	nd the depository fina	Savings nancial institution named below,
FINANCIAL INSTITUTION	I NAME	
ROUTING NUMBER		ACCOUNT NUMBER
Please attach a voided ch numbers provided above.		ccount in order that we may verify the
notification from me (or eit	ther of us) of its term	ect until COMPANY has received written nination in such time and in such manner reasonable opportunity to act on it.
NAME(S) ON ACCOUNT	(PLEASE PRINT)	CUSTOMER NUMBER
SIGNATURE	/_ SIGNATURE	 E DATE