

BUCKINGHAM PEWS

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

I hereby authorize **Buck-Sem Limited Liability Company**, hereinafter called COMPANY, to initiate debit entries to my 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 acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository

Name _____ Branch _____

City _____ State _____ Zip _____

Routing Account
Number _____ Number _____

This authorization is start _____, 201__ and is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name _____ Apt # _____
(Please Print)

Date _____ Signature _____

PLEASE SUBMIT VOIDED CHECK