

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: _____

Policy Number: _____

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate a debit entry to my (our) _____ (select one) indicated below at the depository / financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provision of U.S. Law.

Depository Name:	Branch:	
City:	State:	Zip:
Routing Number:	Account Number:	Amount:

This authorization is for the specified amount only.

Name(s): _____

Date: _____ Authorized Signature: _____

Please fax to (607) 756-0948 attention Accounting or email to accounting@mcneilandcompany.com