

## Authorization Agreement Automatic Debits (ACH Agreement)

I, \_\_\_\_\_, hereby authorize EXAGO, hereinafter to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account.

**Account: (Debit Net Givings)**

\$ \_\_\_\_\_  
(Monthly amount)

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Branch)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Routing Number)

\_\_\_\_\_  
(Account Number)

Please checkmark the following:

Date preference?    \_\_\_\_\_ 1<sup>st</sup> day of month    OR    \_\_\_\_\_ 15<sup>th</sup> day of month

Type of account:    \_\_\_\_\_ Checking    OR    \_\_\_\_\_ Savings

This authority is to remain in full force and effect until EXAGO has received written notification from me (or either of us) of its termination in such time and manner as to afford EXAGO and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Individual Name)

\_\_\_\_\_  
(phone #)

-----below this line for office use-----

Individual I.D. # \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM**