

DEBIT AUTHORIZATION FORM

Name: _____

Name of financial institution: _____

Bank ABA / Routing #: _____

Account #: _____

Please check one of the following: Checking Savings

I hereby authorize _____ [merchant name]
to debit my account on the _____ [indicate a specific day] of each month for the
amount of \$ _____ [indicate dollar amount] from the above named account at the
above named institution starting _____ [indicate the month and year
that this authorization will take effect].

Please attach a voided check (if using a checking account).

Signature: _____

Date: _____