Schedule B:
AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS (ACH DEBITS)

COMPANY NAME
COMPANY ID NUMBER

❑ ADD (New Participant)	❑ CHANGE (Financial Institution and/or Account #)	❑ DELETE (Cancel Participation)

☐ **Fixed Amount and Date Account Authorization**

I (we) hereby authorize_____, (the "COMPANY"), to initiate debit entries and if necessary, initiate credit corrections or adjustments to my (our) Checking Account/ Savings Account at the depository financial institution indicated below, hereinafter called DEPOSITORY. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

I (we) understand that should the regularly scheduled debit date fall on a weekend or a federal holiday, the debit shall occur on the following banking date.

☐ **Variable Amount and Date Account Authorization**

I (we) hereby authorize _____ , (the "Company"), to initiate debit entries and if necessary, initiate credit correction or adjustment entries to my (our) account at the financial institution indicated below.

I (we) understand that should the regularly scheduled debit amount vary above the set range, we will receive written notification from the Company of the new amount no later than ten (10) calendar days before the scheduled transfer date. If the scheduled date of the debit changes (other than for a weekend or federal holiday when the debit shall occur on the following banking date), I (we) will receive written notice from the Company no later than seven (7) calendar days before the new scheduled transfer date.

Please attach a voided check or financial institution verification letter for account validation.

☐ CHECKING ☐ SAVINGS

DEPOSITORY FINANCIAL INSTITUTION	BRANCH	
ADDRESS		
CITY	STATE	ZIP CODE
AMOUNT/RANGE TO DEBIT	DEBIT DATE	
RECURRENCE (CIRCLE ONE): One Time Only Weekly Monthly Quarterly Semi-Annual Annually		

TRANSIT ROUTING NUMBERS											ACCOUNT NUMBER INFORMATION											
I:										I:												

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

NAME(S) - PLEASE PRINT			
ADDRESS	CITY AND STATE	ZIP CODE	
SIGNED	DATE	SIGNED	DATE

THIS FORM IS TO BE RETAINED BY THE COMPANY AS A MATTER OF RECORD. PLEASE RETAIN A COPY FOR YOUR RECORDS.