

124 South Main St. Suite 220 Burleson TX 76028 817-715-3896- Office

AUTHORIZATION FOR DIRECT DEPOSIT

		it indicated below and t	he financial institution	
	CIAL INSTITUTION, to credit to reactions to my (our) account			<u>hat the</u>
Financial Institution		Branch		
Address	City/St	City/State		
Routing Number	Account Number	Checking	Savings	
•	nain in full force and effect un nination and manner as to aff t.			•
NAME (Please Print)		Signature		
NAME (Please Print)		Signature		

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

All written credit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the manner specified in the authorization.

Single entry reversals do not require authorization by the Receiver. Therefore, previously recommended language regarding the initiation of possible debit entries is no longer stated in the authorization.

The underlined language in the authorization above represents the disclosure requirement associated with the clarification of OFAC economic sanction polices upon ACH Network Participants.