

AUTHORIZATION AGREEMENT FOR AUTOMATIC BILLING

I (we) hereby authorize _____
Company Name

Hereinafter called COMPANY, to initiate debit entries to my (our)

() Checking () Savings Select one

Account indicated below and depository financial institution named hereinafter called DEPOSITORY, to debit the same to such account.

| | | | |
|-----------------------|------|-------|-----|
| Financial Institution | City | State | Zip |
|-----------------------|------|-------|-----|

| | |
|----------------|----------------|
| Routing Number | Account Number |
|----------------|----------------|

Please attach a voided check on the above account in order that we may verify the information provided above.

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

| | |
|-----------------------------------|--------------------|
| Name(s) On Account (Please Print) | Customer Account # |
|-----------------------------------|--------------------|

| | | |
|------|-----------|-----------|
| Date | Signature | Signature |
|------|-----------|-----------|

Address & Phone: _____

Withdrawals are made on the 15th of each month unless it falls on a weekend or holiday and then it's the next business day. So if you have a problem with your bill, contact our office at 662-895-6022 before the 15th. Please return this to the office located at 2787 Hwy 305 during office hours or drop in the drop box located on south side of building.

Thanks