

AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFTS (ACH DEBITS)

COMPANY or Individual NAME _____

COMPANY ID NUMBER _____

I (we) hereby authorize **Emmanuel and Associates, Inc.** hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) _____ Checking _____ Savings Account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

NAME(S) _____

ID NUMBER _____

DEPOSITORY BANK NAME _____

TRANSIT/ABA NO. (Routing #) _____

ACCOUNT NO. _____

MONTHLY AMOUNT designated for
Phil and Martha Matthews _____

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 afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

DATE _____ SIGNED _____

SIGNED _____

Please attach a voided check on the account named above.