



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

Please attach a voided check to this form.

I (we) hereby authorize Central MN Re-Entry Project, hereinafter called COMPANY, to initiate debit entries to my checking account/savings account indicated below at the depository financial institution named below, hereinafter call DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law. I acknowledge that a debit entry to my account will remove money from my account.

PLEASE PRINT!

Depository Name _____

City _____ State _____ ZIP _____

Routing Number _____ Account Number _____

Account Type (check one) Checking Account _____ Savings Account _____

Amount \$ _____ Begin date _____ Frequency _____ (monthly or bi-monthly)

This authorization is to remain in full force and effect until COMPAY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name _____ Social Security number _____

Date _____ Signature _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.