Flogel Services

P.O. Box 64

La Motte, IA 52054

nicole@flogelservices.com

AUTHORIZATION AGREEMENT FOR ACH DEBITS

I / We hereby authorize Flogel Services to initiate debit entries to my/our:

Select one: \_\_\_checking \_\_\_ savings

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

Depository name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle one of the following:

Monthly Quarterly Semi-Annual Yearly

I authorize Flogel Services and DEPOSITORY to initiate designated entries to my checking/savings account. This authority will remain in effect until I notify Flogel Services or DEPOSITORY in writing to cancel in such time as to afford Flogel Services reasonable opportunity to act. Also, I agree that I remain obligated to pay Flogel Services in the event that a charge to my account is dishonored for whatever reason.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPLETE THIS FORM AND RETURN IT TO US WITH A DEPOSIT SLIP OR VOIDED CHECK.**