

Flogel Services

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La Motte, IA 52054
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AUTHORIZATION AGREEMENT FOR ACH DEBITS

I (we) hereby authorize Flogel Services to initiate debit entries to my (our)

[] checking [] savings account (select one)

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

Depository name _____

City/State/Zip _____

Routing Number _____ Account Number _____

Please circle one of the following: **Monthly** ~~Quarterly~~ ~~Semi-Annual~~ ~~Yearly~~

This authorization is to remain in full force and effective until Flogel Services has received written notification from me (either of us) of termination in such time and in such manner as to afford Flogel Services and DEPOSITORY a reasonable opportunity to act on it.

Name _____

Date _____

Signed _____

Signed _____

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.

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE COMPANY WITH A DEPOSIT SLIP OR VOIDED CHECK.