

ATTACHMENT TO THE AUTOMATED CLEARING HOUSE (ACH) ORIGINATOR AGREEMENT

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize Yoakum Shape Shop, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____		_____	
(financial institution name)		(Branch)	
_____		_____	
(address)		(city-state)	(Zip)
_____	_____	Type of Acct: ___Checking ___ Savings	
(routing/transit number)	(account number)		

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. Termination of ACH transactions will take place 30 days after written notification has been received by COMPANY. ACH transactions will occur on the 5th day of each month. A \$25 fee will be assessed for ACH transactions rejected due to Insufficient Funds.

_____	_____
(print individual name)	(print individual name)
_____	_____
(signature)	(signature)
_____	_____
(date)	(date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM