AUTHORIZATION AGREEMENT FOR PREAUTHORIZATION PAYMENT (CREDIT)

COMPANY NAME_____ COMPANY I.D. NUMBER_____

I (we) hereby authorize COLSON SERVICES CORP. Hereinafter called COMPANY, to initiate credit entries to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to deposit _____ the same to such account.

_____

Depository Name **Branch**

_____

Address

_____

City **State** **Zip**

Account: ☐ Checking ☐ Savings ☐ Other: _____

Transit Routing Number	**Transit ABA Check Digit**	**Account Number Information**

Designated by Federal Reserve

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 a reasonable opportunity to act on it.

NOTICE: When completing account number information, insert a hyphen (-) for each Dash Cue Symbol (-) contained in the field, and insert a number sign (#) for each “On Us” Cue Symbol (|’).

Signature(s) Date

CDC NUMBER #: _____

CDC NAME & ADDRESS: _____

_____