

Authorization Agreement for Automatic Deposit (ACH Credits)

I hereby authorize SHADOWFAX to initiate credit entries and initiate, if necessary, debit entries and adjustments for any credit entries in error to my Checking or Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip Code: _____

Transit/Routing	Account Number	Rank	Checking/Savings	% Amt
/		/ 1.		/
/		/ 2.		/
/		/ 3.		/

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

Name: _____ Clock Number: _____

Please Print

Signed: _____ Date: _____