



CASH MANAGEMENT

Authorization Agreement for Direct Payments (ACH Debits/Credits)

Company Name (vendor): _____

Company ID Number: _____

I (we) hereby authorize PRIDE OF THE MORNING INC hereinafter referred to as COMPANY, to initiate (select one) [] Debit [] Credit entries to my (our) [] Checking [] Savings indicated below at the Fidelity Bank. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____

Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____

Account Number: _____

This authorization 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 Fidelity Bank a reasonable opportunity to act upon.

Name(s): _____ SSN/EIN: _____

(Please Print) _____ (Please Print) _____

(Please Print) _____ (Please Print) _____

Signature: _____ Date: _____

Special Instructions (e.g., debit/credit entry to be divided between two or more accounts):

Attach Voided Check