

Authorization Agreement for Payment

I (we) hereby authorize Wathen, DeShong & Juncker, L.L.P. ("COMPANY") to initiate entries to my checking/savings account(s) at the financial institution listed below (FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

* Required Fields

Account Holder Name(s)*

Financial Institution

Routing Number*

Account Number*

Account Type*

Amount (Specific or Variable Range)*

Payment Schedule*

Preferred Payment Date
(Will be last day of month if not specified.)

Effective/Start Date, if not in current month

Account Holder Signature* _____

Date*

For Office Use Only:

Client Number:

Client Name:

Partner Name: