



Authorization Agreement for Direct Payments (ACH Debits)

I (we) hereby authorize Avian Premium Finance hereinafter called COMPANY, to initiate debit entries to my (our):

Account Type:

indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I understand that this payment plan may be canceled by the Service Provider or Merchant due to NSF (Non-sufficient Funds). I will be liable to pay the NSF fee of \$25.00 (or applicable by law), which may be automatically debited for each NSF.

Bank Name:

Routing Number:

Account Number:

Account number 1113-

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 DEPOSITORY a reasonable time to act on it.

Name(s):

Date:

Signed X: _____ Signed X: _____

Note: All written authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization

Attach Voided Check Here

(Tape Voided Check Here)

DO NOT STAPLE!