

## PPD Recurring Debits Authorization

I (we) hereby authorize \_\_\_\_\_.

(Merchant)

hereinafter called the COMPANY, to initiate debit entries to my (our)

Checking     Savings Account    (select one)

Indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit or credit the same to such account. If this item is returned unpaid, I authorize an additional returned check fee of the maximum amount as allowed by the state to be charged to this account.

Depository Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Same amount to be debited each billing period \$ \_\_\_\_\_

Or, I approve varying amounts between a range of \$ \_\_\_\_\_ and \$ \_\_\_\_\_

Or, varying amounts not to exceed \$ \_\_\_\_\_

Number of Payments \_\_\_\_\_,  or indefinitely (check here)

Frequency of Payments: (select one)     Monthly     Weekly

This authorization is to remain in full force and effect for the number of payments authorized above or until the COMPANY has received written notification from me (us) of its termination, in such time and such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please attach a voided check to this authorization.