

AEBN, LLC
FAX # 704-523-8235

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

PAYEE NAME _____ AEBN ACCOUNT # _____
(list all if more than one account)

I (we) hereby authorize AEBN, LLC to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) _____ **Checking** _____ **Savings** account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

BANK NAME _____

CITY _____ STATE _____

ROUTING/ABA NO. _____ ACCOUNT NO. _____

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

(Must be signed by an authorized signer on account currently set up as "Pay To")

NAME(S) _____
(PLEASE PRINT)

DATE _____ SIGNED X _____

SIGNED X _____

PLEASE ATTACH VOIDED CHECK