ACH Credit/Debit Authorization

I authorize F C Pride, hereinafter called COMPANY, to initiative credit entries, and if necessary debit adjustment entries to my account indicated below at the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same such account.

FINANCIAL INSTITUTION

ADDRESS

CITY / STATE / ZIP

[] Checking
[] Savings

ROUTING # ACCOUNT #

$ [] Weekly [] Bi-weekly [] Monthly [] Other

AMOUNT FREQUENCY

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination is such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

SIGNED DATE

PRINTED NAME TELEPHONE

*** PLEASE ATTACH COPY OF VOIDED CHECK ***