

AUTHORIZATION AGREEMENT DIRECT PAYMENTS (ACH DEBITS)

PLEASE ATTACH A VOIDED CHECK WITH FILLED OUT FORM

(YOU WILL NOT BE SIGNED UP UNTIL WE RECEIVE THE VOIDED CHECK)

I (we) hereby authorize Moseley Associates, hereinafter referred to as COMPANY, to debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

_____ Type of Account: _____ Checking _____ Saving
(Routing Number) (Account Number)

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

(Print Owner Name) (Owner Signature)

(Print Property Name and Unit Number) (Date)

Please return to P.O. Box 706 White River Junction, VT 05001 or Ariana@moseleyassociates.net