

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name Furst-Mc Ness Company

Company ID Number 36-1112600

I (we) hereby authorize **Furst-Mc Ness Company**, hereinafter called COMPANY, to initiate debit entries to my (our) _____ Checking Account or _____ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

Depository Name _____ Branch _____
City _____ State _____ Zip Code _____
Routing # _____ Account # _____

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 opportunity to act on it.

Name(s) _____ ID Number _____
Please Print

Signature(s) _____ Date _____

Name(s) _____ ID Number _____
Please Print

Signature(s) _____ Date _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

INSTRUCTIONS:

- 1) Fill out the above authorization agreement by printing or typing in a legible manner. It is important that the Depository Name be the **exact** name on your account.
- 2) Send the completed and signed agreement along with a voided CHECK to:
Furst-McNess Company
120 East Clark Street
Freeport, IL 61032
ATTENTION: CREDIT DEPARTMENT
- 3) Notify your depository financial institution of this authorization agreement.