

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED DEPOSITS

Company Name: Family Service Company I.D.: 1470376584

I (we) authorize the above company to initiate credit entries to my (our) checking/savings account indicated below and the names below to post the same to such account.

Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Savings, Checking (circle one)

Disclosure

This authority is to remain in full force and effect until company has received written notification from me (or either of us), 30 days prior to termination and in such manner as to afford company a reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed by the company prior to receipt of notice of termination.

I (we) further authorize the company to initiate such debit entries to said account as may be necessary to correct any erroneous credit entries previously initiated thereto. I (we) authorize the bank to accept and to credit or debit the amount of such entries to my (our) account. I (we) shall within fifteen calendar days following the date on which the bank sent to me, a statement of account or a written notice pertaining to such entry, have sent to the bank a written notice identifying such entry, stating that such entry was in error and requesting the bank to reverse the amount thereof to such account.

I (we) have the right to stop payment of any entry by notification to bank prior to posting to the account.

The undersigned hereby agrees that all entries initiated hereunder are to be governed in all respects by the Rules of the mid-America Payment Exchange as now or hereafter in effect and agrees to be bound thereby.

Customer Name(s): _____

Date: _____ Signed: _____ Signed: _____

Please attach voided check.

Payment Frequency Monthly

Payment Amount Variable (Subject to change upon notification by company or association)