

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

COMPANY
NAME _____

I (we) hereby authorize **USA Health Services Foundation**, hereinafter called the USA HSF, to initiate credit entries and to initiate, if necessary, debit entries to adjust 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.

DEPOSITORY
NAME _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

Please provide a remittance e-mail address: _____

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

NAME _____
(Please Print)

SIGNED X _____ DATE _____

*******ATTACH A VOIDED CHECK*******