EXHIBIT 1 – PROVIDE TO CUSTOMERS GRANTED ACH DEBIT ACCESS

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

COMPANY NAME			TAX ID NUMBER				
	CHI	ECK ONE:					
CHECK ONE:							
□ ADD (New Preauthorized Debit Participant)	☐ CHANGE (Financial Institution and/or Account #)		(Ca	☐ DELETE (Cancel Participation in the Program)			
NOTE: Due to the time required for company and bank processing, please allow one or two weeks for processing.							
I (we) hereby authorize							
DEPOSITORY FINANCIAL INST		BRANCH					
CITY		STATE	ZIP CODE				
TRANSIT ROUTING NUMBERS ACCOUNT NUMBER INFORMATION							
:	1:		1				
☐ CHECKING			☐ SAVINGS				
This authority 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. Please attach a voided check or deposit slip for account validation.							
NAME(S) - Please Print			TAX ID NUMBER				
ADDRESS		CITY/STATE ZIP CODE					
SIGNED			DATE				