



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

******PLEASE ATTACH A VOIDED CHECK TO THIS FORM******

Company Name: PAYMENT SERVICING CORPORATION

I (we) hereby authorize , **PAYMENT SERVICING CORPORATION**, hereby called COMPANY, to initiate debit and/or credit entries to/from my (our) Checking account indicated below and to depository named below, hereinafter called DEPOSITORY, to debit same to such account.

Depository Name _____ Branch _____

City _____ State _____ Zip _____ Phone # _____

Transit/ABA # _____ Account# _____

Withdrawal/Deposit date shall be upon presentation to the depository by the company and the amount to be withdrawn/deposited shall be specified by the terms of the contract with Company. There can be only one withdrawal/deposit in any calendar day until all late fees, NSF fees, interest, any additional interest accrual that may accrue until paid in full and principal amount is paid in full.

This authorization grants **PAYMENT SERVICING CORPORATION** permission to activate reversal entries if necessary.

This authority is to remain in full force and effect until COMPANY and DEPOSITORY 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 contact **PAYMENT SERVICING CORPORATION** at (406) 257-8186 with any questions.

Name(s) _____ SS # _____

Signature _____ Date _____

Name(s) _____ SS # _____

Signature _____ Date _____