

Authorization Agreement for Direct Payments (ACH Debits)

Bay Area Vital-Link, Inc.

I (we) hereby authorize Bay Area Vital-Link, Inc, hereinafter called Vital, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY (bank), 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 provisions of U.S. law.

Depository (Bank) Name _____

Branch _____

City _____ State _____ Zip _____

Bank Routing Number _____

Bank Account Number _____ Checking _____ Savings _____

Amount: \$ _____ per month

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

Name(s) _____

VITAL LINK UNIT Number _____ (Please Print)

Date _____

Signature _____

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

Attach a voided check below:

