



AUTHORIZATION AGREEMENT FOR AUTHORIZED DEPOSITS (ACH DEBITS)

Date Purchased: ____/____/____

First ACH Withdrawal: ____/____/____
(FOR OFFICE USE ONLY)

I hereby authorize the Replex hereinafter called COMPANY, to initiate debit entries for Replex annual membership and to initiate, if necessary credit entries and adjustments for any debit entries in error to the account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. If ACH is returned for any reason COMPANY has right to charge monthly debit plus additional fee of \$25. Your account will be debited the first Monday of each month (if the first Monday of the month is a holiday, the debit will occur on the following business day).

DEPOSITORY NAME: _____	BRANCH: _____	
CITY: _____	STATE: _____	ZIP CODE: _____
ABA NUMBER: _____	ACCOUNT NUMBER: _____	
DEPOSITORY ACCOUNT TYPE (circle): Checking / Savings		

THIS AGREEMENT IS IN EFFECT UNTIL THE EXPIRATION DATE STATED BELOW. WE DO NOT OFFER CANCELLATIONS OR REFUNDS FOR ANY REASON UNTIL THE AGREEMENT EXPIRATION DATE.

I agree to surrender to COMPANY an unused and voided personal check from DEPOSITORY as verification for depository account stated above.

You will be required to pay the first month up front. The automatic debit will begin the 2nd month of membership.

AMOUNT DEBITED/MONTH: \$_____ This agreement will expire on ____/____/____.

(If this is a joint account, both parties need to complete the information below)

NAME: _____	SOC. SEC. NUMBER: ____-____-____
SIGNATURE: _____	
NAME: _____	SOC. SEC. NUMBER: ____-____-____
SIGNATURE: _____	

Replex
304 E. Washington
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