

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

I (we) hereby authorize Huntington Regional Chamber of Commerce, hereinafter called COMPANY, to initiate monthly debit entries in the amount of \$ _____ to my (our) checking account/savings account indicated below at the depository financial institution name below, hereafter called DEPOSITORY, 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.

SELECT ONE: CHECKING ACCOUNT SAVINGS ACCOUNT

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

This authorization 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.

PRINTED NAME(S) _____

SIGNATURE _____ DATE _____