AUTHORIZATION AGREEMENT FOR AUTOMATIC BILLING

(we) hereby authorize	COMPANY NAME	,,,,,,	.D. NUMBER
	COMI AIVI NAIVIL	CO. TAX I	D. NUMBER
ereinafter called COMPAN	Y, to initiate debit entrie	s to my (our)	
() Checking	g () Savings	(Select one)	
DEPOSITORY, to debit the		institution named below,	hereinafter calle
INANCIAL INSTITUTION NAME	CITY	STATE	ZIP CODE
ROUTING NUM	MBER	ACCOUNTING NUMBER	
Please attach a voided check on Accounts drafted on 10th of each		at we may verify the numbers	provided above.
This authority is to remain in notification from me (or eithallow COMPANY and DEP	n full force and effect unt ner of us) of its termination	on in such time and in suc	
NAME(S) ON ACCOUNT (PLEA	SE PRINT)	CUSTOMER I.D. I	NUMBER
DATE	SIGNATURE	SIGNATURE	