

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize **Florida Safeguard, INC.**, to initiate debit entries from the bank account indicated below for the benefit of Florida Safeguard, INC.. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. ***I (we) confirm that the source of the funds for payment of these debit entries will not originate from a Financial Agency's office located outside the territorial jurisdiction of the United States.***

CUSTOMER NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

BANK NAME: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

This authorization is to remain in full effect until the Originator has received written notification from the bank account owner(s) of any termination.

ACCOUNT HOLDER SIGNATURE: _____ DATE: _____