Authorization for
Automatic Withdrawal

COMPANY NAME _____ **DAMAK, LC** _____

I authorize the COMPANY (named above) to initiate debit entries and, if necessary, to initiate any credit entries to correct an erroneous debit entry to my account at the DEPOSITORY (identified below), for the purpose of automatically withdrawing funds from my account. I acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

Notice: Any transactions returned for non-sufficient funds will be re-submitted on the same business day or following business day that notification is received from the financial institution. The transaction will include the original debit amount and a $ 30.00 returned item fee charge.

Name on Account: _____

Amount to Debit: _____ **Beginning monthly on :** _____ **Ending:** _____

Depository Name: _____

Branch: _____

City: _____ **State:** _____ **Zip:** _____

Routing Number: _____ **(please attach a voided check or deposit slip)**

Account Number _____

☐ Checking
☐ Savings
☐ Other _____

☐ New Authorization
☐ Change to Previous
☐ Termination

I understand that this authorization replaces any previous authorization and will remain in full force and effect until the COMPANY has received notification from me of it's termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

_____
Signature date

_____
Signature date
(for termination of Automatic Withdrawal)