

**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:** \_\_\_\_\_

**A one-time debit in the amount of:** \_\_\_\_\_

**Depository Name (your bank):** \_\_\_\_\_

Branch (if required): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Checking** \_\_\_\_\_

**Savings** \_\_\_\_\_

This is a New Authorization

I understand that this authorization will remain in full force and effect until the COMPANY has received funds from me as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**date**