AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

Company Name: _____

Name on Account: _____

I (We) hereby authorize Options Plus., hereinafter called COMPANY, to initiate debit entries to my (our):

☐ **Checking** or ☐ **Savings** (select one) account indicated below and the depository name below, hereinafter called DEPOSITORY to debit the same to such account.

Depository Bank Name: _____

Billing Address: _____

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

Routing Number: _____ **Account Number:** _____

This authority is to remain in full force and effect until Company and DEPOSITORY 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. I (or either of us) have the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting whichever occurs first.

Signed: _____ **Date:** _____

NOTE: Please **attach a voided check** from the account to be debited so that we may verify your bank's Federal Reserve Transit ABA number for automatic debit processing.