

ACH Debit Authorization Agreement

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name **Optimist International** _____ (herein referred to as "Company")

Address **4494 Lindell Blvd. , St. Louis, MO 63108** _____

Company ID Number **43-0443279** _____

I (we) hereby authorize Company to initiate debit entries to my (our)

_____ Checking Account

_____ Savings Account (select one)

Please debit my (our) account for: (select one or more)

_____ **Dues & Fees** _____ **CRA Adds** _____ **Life Members** _____ **Purchases** _____ **All Charges**

indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until COMPANY 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.

Depositor Name _____ **Club #** _____

Signature _____ Date _____

Name & Title _____

Signature _____ Date _____

Name & Title _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS **MUST** PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Account holder is required to verify bank account data and attach a voided check here.