



**AUTHORIZATION AGREEMENT DIRECT
PAYMENTS (ACH DEBITS)**

I/WE hereby authorize Schmidt & Sons, Inc. hereinafter called COMPANY, to debit entries to my/our account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I/WE acknowledge the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

Name of Financial Institution

Branch

Address

City / State / Zip Code

Routing / Transit Number

Account Number

Type of Account: Checking [] Savings []

This authority 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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Owner or Operating Officer for the Company (Print)

Signature

Date

Title

Company Name

Schmidt & Sons, Inc. Office Use Only

Keith Schmidt, President

Date

Federal ID No. 74-2143966

Terms

Discount

SSI Account #

Completed by _____ Date _____