

Transition House, Inc., Debit Authorization

I (we) hereby authorize **Transition House, Inc.**, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and **First United Bank**, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for:

Your name(s)} _____

Amount to be debited: \$ _____

Frequency: (check one) _____ Monthly _____ Annually

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(City/State)

(Routing Number)

(Account Number)

Type of Acct: _____ 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.

(Print Individual Name)

(Signature)

(Print Individual ID Number)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK (not deposit slip) TO THIS FORM!

Return this completed form & voided check to Transition House, Inc., 700 Asp, Ste. 2, Norman, OK 73069 or e-mail to transitionhouse@coxinet.net