

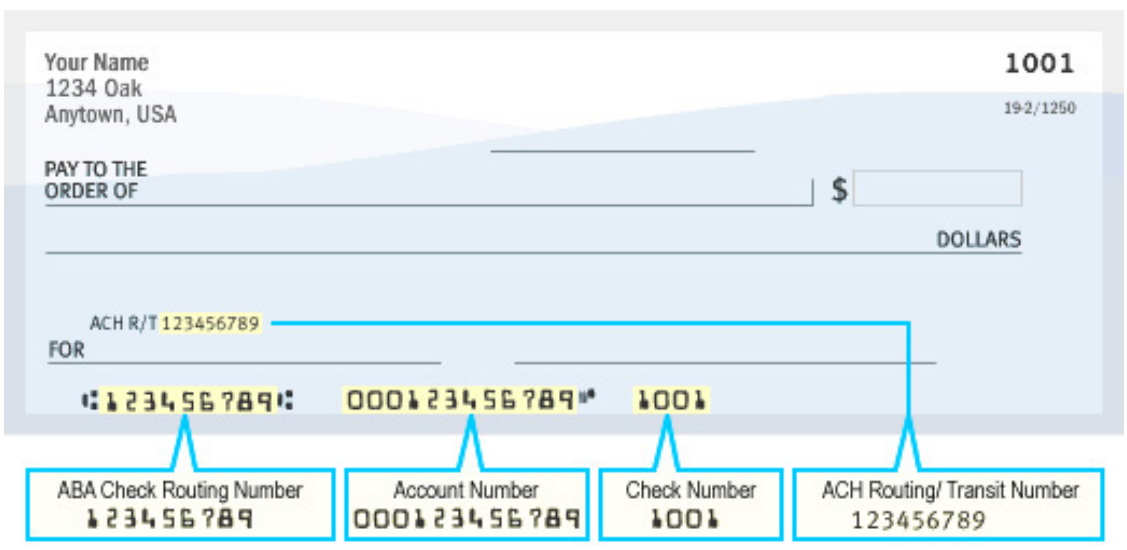


## Automated Clearing House (ACH) Authorization

\_\_\_\_\_  
 Name (Please Print) NAWCO Account Number Daytime Phone Number

\_\_\_\_\_  
 Address City State Zip

Account Type (Select One):  Checking  Savings



I understand that my bank account will be debited on the 5th of the month in which my payment is due. In the event that the 5th is not a business day, my bank account will be debited on the next available business day. This authorization will remain in full force and effect until the Company has received thirty (30) days written notification from me (us) of its termination. I will be notified if the direct debit process for my account was not satisfactory.

\_\_\_\_\_  
 Name (Please Print) Authorized Signature Date

\_\_\_\_\_  
 Name (Please Print) Authorized Signature Date

**For Checking Accounts, please attach a voided check to this form.**  
**For Savings Accounts, please attach a deposit slip to this form.**  
**Please note that we cannot process your transaction without these attachments.**