

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT

COMPANY NAME: Tuscaloosa SAFE Center, Inc.

COMPANY TAX ID NO.: 82-2898060

I/we hereby authorize the Tuscaloosa SAFE Center to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my/our CHECKING SAVINGS account indicated below and the depository named below, herein called DEPOSITORY, to debit and/or credit the same to such account.

Depository Bank:	Branch:
City:	State: ZIP:
Routing Number:	
Account Number:	
This authorization is to remain in full force and effect until the Tuscaloosa SAFE Center has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Tuscaloosa SAFE Center and DEPOSITORY BANK a reasonable opportunity to act on it.	
Name(s) <i>[Please Print]</i> :	
Date:	
Signature:	
Signature:	
Please staple to this form a voided check to verify bank account information for deposits into a checking account or a deposit slip for deposits into a savings account.	