



Authorization Agreement for Monthly Pre-Authorized Payments

(Please Print)

NAME (as shown on checking account) _____

I (we) hereby authorize Allied National, hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY

(Bank) Name _____ Branch _____

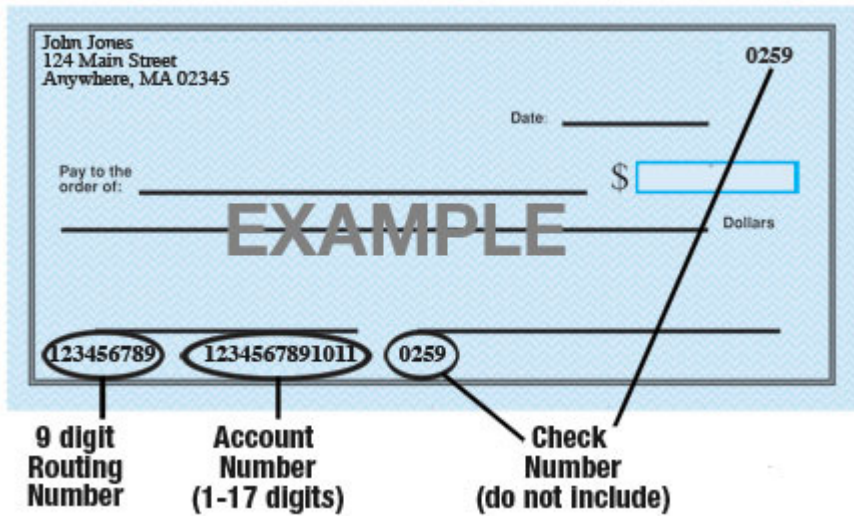
Street Address _____

City _____ State _____ Zip _____

9-Digit Routing #: _____ Account No. _____

Bank Phone Number (include area code) _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from myself of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.



Name _____ Case Number _____

Signature _____ Date _____

Is form filled out completely?

Copy of voided check attached?