

NANCY N. POSER RETIREMENT TRUST

P.O. BOX 850
SIERRA MADRE, CA 91025-0850
800-333-1527 • 626-355-7100
FAX 626-355-7133

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS) OR DEMAND DRAFTS

X Name: _____

I (we) hereby authorize Nancy N. Poser Retirement Trust, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

X Bank Name _____ Branch _____
X City _____ State _____ Zip _____
X Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until Nancy N. Poser Retirement Trust has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

X Automatic Withdrawal Start Date: _____ Stop Date: _____

X Number of Payments: _____ Payment Amount to be Withdrawn: _____

X _____
Authorized Signature Title Date

X _____
Print Name

Authorized Signature Title Date

Print Name

****ATTACH A COPY OF A VOIDED CHECK OR DEPOSIT SLIP****

THIS IS AN ATTEMPT TO COLLECT A DEBT BY A DEBT COLLECTOR. ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

IF YOU HAVE FILED BANKRUPTCY AND RECEIVED A DISCHARGE, THIS IS NOT AN ATTEMPT TO COLLECT A DEBT. IT IS AN ACTION TO ENFORCE A LIEN ON REAL ESTATE.