

AUTHORIZATION AGREEMENT ACH DEBITS/CREDITS

I hereby authorize *PREMIER SPECIALTY NETWORK LLC* to initiate *Debit / Credit* entries to my checking account identified below.

Name: _____

Tax ID: _____

(Shown exactly as on bank statements)

Financial Institution: _____

Account No: _____ Routing No: _____

Financial Institution Address: _____

Type of Account: _____

I UNDERSTAND THAT THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL *PREMIER SPECIALTY NETWORK LLC* HAS RECEIVED WRITTEN NOTICE FROM ME (OR EITHER OF US) OF ITS TERMINATION IN SUCH MANNER AS TO AFFORD THE BANK OF MISSOURI A REASONABLE OPPORTUNITY TO ACT ON IT.

Signature

_____/_____/_____

Date

Please attach a voided blank check

*Authorization should remain on file for a period of **two** years following termination date.*