



Max Arnold & Sons, LLC

702 North Main Street

P.O. Box 568

Hopkinsville, KY 42241-0568

PHONE 270-885-8488 FAX 270-885-4444

AUTHORIZATION AGREEMENT FOR PREAUTHORIZATION PAYMENTS (ACH DEBIT)

NAME OR COMPANY
NAME

(Please Print)

FEDERAL ID OR
INDIVIDUAL SSN

I (We) hereby authorize Max Arnold & Sons, LLC, hereinafter called COMPANY, 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 ****SELECT ONE**** indicated below at the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

DEPOSITORY NAME

BRANCH

CITY

STATE

ROUTING NUMBER

ACCOUNT NO.

This authorization is to remain in full force and effect until COMPANY 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.

NAME(S)

SSN

DATE

SIGNED X

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

ALL RETURNED ACH DEBITS WILL BE SERVICED CHARGED A FEE OF \$50.00 TO COVER EXTRA CHARGED MADE BY THE BANK AND EXTRA PROCESSING REQUIRED BY US. REPEAT OFFENDERS MAY LOOSE THE PRIVILEGE OF CHARGING AT MAX ARNOLD & SONS, LLC.