



DIRECT PAYMENT AUTHORIZATION

I (WE), _____ hereby authorize Kunkel Wittenauer Group hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entry in error to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account. This authority 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 reasonable opportunity to act on it.

DEPOSITORY NAME: _____

CITY, STATE, ZIP: _____

TYPE OF ACCOUNT: _____ CHECKING _____ SAVINGS

ACCOUNT NUMBER: _____

TRANSIT/ABA NUMBER: _____

Name: _____

Address: _____

Email: _____

Signature _____ Date _____

Signature _____ Date _____

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