

AUTOMATIC TRANSFER AUTHORIZATION

To sign up for the automatic transfer service just complete the section below and return with a voided check to us.

Authorization for Preauthorized Fixed Payments (ACH Debits)

I hereby authorize **Middle Way House, Inc.** (MWH) to make scheduled withdrawals from the account as identified below at _____ (Depository Financial Institution, Hereinafter referred to as DFI) and authorize the DFI to charge withdrawals to my listed account.

Such withdrawals shall equal to \$_____ and payable monthly, on the 15th of each month. If the purpose for withdrawals is restricted in any manner, such restriction is stated below. Adjusting entries to correct errors are also authorized. It is agreed that these withdrawals and adjustments may be made electronically and under the Rules of National Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to MWH. I acknowledge receipt of a filled copy of the Authorization.

Name of DFI	DFI Routing Number	Account No. to Debit	Type of Account ___ Checking ___ Savings
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Customer Name: _____

Customer Signature: _____ Date: _____

Name of Receiving Account: _____

Limitations on Purpose for Withdrawal

PLEASE ATTACH VOIDED CHECK
