



**AUTHORIZATION AGREEMENT FOR
RECURRING PAYMENTS (ACH DEBITS)
FAX COMPLETED FORM TO 720-930-4341
or E-MAIL TO CustomerService@NationalPartners.com**

For National Partners Account # _____

I hereby authorize National Partners PFco, LLC, hereinafter called "COMPANY", to initiate debit entries to the:

Checking Account

indicated below at the depository financial institution named below, hereinafter called "DEPOSITORY", and to debit the same to such account.

DEPOSITORY (BANK) NAME: _____

DEPOSITORY BRANCH: _____

DEPOSITORY CITY, STATE, ZIP: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

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 time to act on it.

COMPANY: (insured) _____

NAME: _____

PHONE: _____

E-MAIL ADDRESS: _____

TITLE: _____

SIGNATURE: _____

DATE: _____

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

TAPE BLANK VOIDED CHECK HERE

DO NOT STAPLE