

Electronic Funds Transfer (EFT)

Authorization Agreement for Automatic Payments (Debits)

I (we) hereby authorize **Livin The Dream** (hereafter referred to as "LTD") to initiate debit entries (and if necessary, credit entries and adjustments for any debits made in error) to the account indicated below (the "Account") at the financial institution named below (hereinafter referred to as "FINANCIAL INSTITUTION"), and I (we) further authorize the FINANCIAL INSTITUTION to make any such debit and/or credit to such Account so initiated by LTD.

****PLEASE INCLUDE A CANCELED CHECK****
(We need this to submit the correct account and routing numbers.)

FINANCIAL INSTITUTION NAME _____

ACCOUNT HOLDER _____

AMOUNT \$ _____

WITHDRAW NEAR: (please check one) 1st of the month 15th of the month

I (We) already use EFT, please change my AMOUNT to \$ _____

My banking information has not changed.

If your banking information has changed, please submit a new canceled check and fill out the complete form.

This authority is to remain in full force and effect until canceled pursuant to written communication by me (us) or by LTD actually received by LTD and the FINANCIAL INSTITUTION in such time and such manner as to afford LTD and the FINANCIAL INSTITUTION a reasonable opportunity to act on it. I (we) hereby indemnify and hold LTD harmless from and against any and all Loss which might at any time be incurred by me (us) resulting from or arising out of any act or omission authorized by or related to this Authorization (excluding only intentional, reckless or grossly negligent acts or omissions of LTD) including, but not limited to, any Loss resulting from insufficient funds being in the Account to effectuate any debit, or from any other items being dishonored due to insufficient funds in the Account after any debit is effectuated by LTD.

PLEASE PRINT YOUR NAME(S): _____

SIGNATURES:

X _____

X _____

DATE _____

PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS

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IN HOUSE USE ONLY January 1st, 2019

CONTRIBUTOR I.D. NUMBER _____