



McCLELLAND and HINE, INC

P O BOX 700930
SAN ANTONIO TX 78270-0930
Telephone 210 366-2500 / Fax 210 366-2407

AUTHORIZATION AGREEMENT FOR AUTOMATIC CREDITS (ACH CREDITS)

COMPANY / AGENCY NAME _____

I (we) hereby authorize **McClelland and Hine Inc.**, hereinafter called MHI, to initiate authorized credit entries and to initiate, if necessary, authorized debit entries and adjustments for credit entries in error to my (our) checking account indicated below at the depository named below, hereafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY
NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effect for the Depository information above only until MHI has received written notification from me (or either of us) of its termination in such time and in such manner as to afford MHI and Depository a reasonable opportunity to act on it.

This Authorization agreement is to establish my (our) Depository information above with MHI. At no time does MHI have authorization to credit and/or debit my (our) checking account without my (our) authorization to do so.

NAME (S) _____ FEDERAL EIN# _____
(PLEASE PRINT)

NAME (S) _____
(PLEASE PRINT)

NAME (S) _____
(PLEASE PRINT)

DATE _____ SIGNED X _____

DATE _____ SIGNED X _____

DATE _____ SIGNED X _____