

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
(ACH CREDITS)**

Originating Company Name – Clearwater Solutions, LLC

I authorize the above-named Origination Company to initiate entries to the account indicated below as follows:

- 1.) They may initiate CREDIT entries, which moves money into my account according to the schedule and other conditions to which the Originating Company and I have agreed.
- 2.) They may initiate DEBIT entries to revers any transactions they have originated to my account in error.

NAME: _____

(Please Print)

NAME OF DEPOSITORY FINANCIAL INSTITUTION: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

Location of Depository Financial Institution:

City: _____ State: _____ Zip: _____

Please attach a VOIDED CHECK, a cancelled check or a copy of a check.

This authority is to remain in effect until the Originator has received written notification of its termination and has had a reasonable opportunity to act upon it.

Signature

Date