

## AUTHORIZATION FOR PREAUTHORIZED PAYMENT

**I/We authorize the company (named below) to initiate debit entries to my/our account at the depository (identified below), for the purpose of accomplishing the following preauthorized payments:**

COMPANY NAME: The Blackthorn Project

AMOUNT: \_\_\_\_\_

FREQUENCY (choose one)

\_\_\_\_\_ One time on or after effective date of \_\_\_\_\_

OR

\_\_\_\_\_ Recurring monthly on the \_\_\_\_\_ day of the month until notice to discontinue is given.

CUSTOMER FULL NAME: \_\_\_\_\_

<b>Financial Institution Information</b>
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DEPOSITORY NAME (*bank name*): \_\_\_\_\_

ROUTING NUMBER (*9 digits*): \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ACCOUNT TYPE: CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_

**My account will remain subject to its individual terms and conditions, which are not modified by this authorization. I acknowledge that the origination of these transactions must comply with the provisions of U.S. law. I understand that this authorization will remain in effect until notification from me of termination or the time frame specified above has expired. Please note that any changes to the terms or expiration date need to be done in a manner as to afford the COMPANY and the DEPOSITORY a reasonable opportunity to act on it.**

NAME(S) print or type \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date