

Authorization Agreement for Pre-authorized Automated Clearing House Payments

I hereby authorize Luther Appliance & Furniture Sales, Inc. or its assignee, hereinafter called COMPANY, to initiate ACH entries (debit or credit), and to initiate, if necessary adjustments for any entries in error to my account indicated below and the depository bank named below, hereinafter called DEPOSITORY, to debit and or credit the same to my account.

I would like COMPANY to deduct my payment from the account indicated below on the date specified below (circle your choice), unless such date falls on a non-banking day, in which case the amount will be debited on the following banking business day.

1. 7th of each month 2. 15th of each month 3. 22nd of each month 4. 28th of each month

5. E/O/MONDAY 6.E/O/FRIDAY

Type of Account (Checking or Savings): _____

Depository Bank Name (Your bank name): _____

Branch: _____ City: _____

State: _____ Zip Code: _____ Transit Routing/ABA Number: _____

Account Number: _____

Amount: _____ Effective Date: _____

PLEASE ATTACH A BLANK VOIDED CHECK OR A PHOTOCOPY OF A CANCELLED CHECK!

This authority is to remain in full force and effect until COMPANY has received written notification from me of it's termination in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act upon it. I understand and agree that COMPANY is responsible to correct erroneous or incorrect debits to my account, when COMPANY receives notice or becomes otherwise aware of an error. I also understand that my financial institution and COMPANY reserve the right, upon written notification, to terminate this payment option and/or my participation and that my participation is subject to COMPANY approval.

Name (Print): _____

Signature: _____ Date: _____