

DEBIT AUTHORIZATION

I (we) hereby authorize [Spencer Benedict Farms LLC](#), hereinafter called "Company", to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called "Financial Institution", to debit the same to such account for services or sales. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution _____ Branch _____

Address _____

City/State/Zip _____

Routing Number _____ Account Number _____

Type of Account: _____ Business Checking _____ Business Savings
_____ Personal Checking _____ Personal Savings

The amount of the ACH may vary.

Frequency (Weekly, Monthly etc.): _____ Start Date (if recurring): _____

Date of Debit (s)(day of the month): _____

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

This authority is to remain in full force and effect until Company has received written notification from the signature party below of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

Print or Type Individual Name _____

Signature _____

Date _____