

EXHIBIT 1

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDIT)

CHECK ONE:

<input type="checkbox"/> ADD (New Automatic Credit Participant)	<input type="checkbox"/> CHANGE (Financial Institution and/or Account #)	<input type="checkbox"/> DELETE (Cancel Participation in the Program)
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NOTE: Due to the time required for company and bank processing, please allow one or two weeks for processing.

I (we) hereby authorize _____ hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any debit entries in error to my (our) account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY FINANCIAL INSTITUTION		
CITY	STATE	ZIP CODE

TRANSIT ROUTING NUMBERS									
:									:

ACCOUNT NUMBER INFORMATION											

☐ CHECKING

☐ SAVINGS

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

Please attach a voided check or deposit slip for account validation.

NAME/BUSINESS NAME (if applicable) – Please Print		
ADDRESS	CITY/STATE	ZIP CODE
SIGNED	DATE	

THIS FORM IS TO BE RETAINED BY THE COMPANY AS A MATTER OF RECORD