

Authorization Agreement For ACH Debits  
Please attach a voided check to this application. Thanks.

Falling Creek Golf Course, Inc.  
Company

ID Number  
(Co. Tax ID or SSN)

I (WE) hereby authorize Falling Creek Golf Course, Inc., herein after called COMPANY, to initiate debit entries and/or correction entries to our \_\_\_ Checking \_\_\_ Savings account (select one) indicated below at the depository named below, herein called DEPOSITORY, to credit the same such account. I (WE) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
DEPOSITORY NAME

\_\_\_\_\_  
BRANCH

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
BANK TRANSIT/ABA #

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

This authorization is to remain in full force 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 reasonable opportunity to act upon it.

\_\_\_\_\_  
NAME(S)

\_\_\_\_\_  
TAX ID NUMBER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE