

CUSTOMER AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS
[ACH CREDITS & DEBITS] REP. ID _____

COMPANY
NAME: **DYCK-O'NEAL, INC. (DONI)**

I(we) hereby authorize the Company named above (the "COMPANY"), to initiate debit and credit entries to my(our) [Checking [Savings account (select one) indicated below and the depository named below, hereinafter "DEPOSITORY", to debit or credit the same to such account. I further authorize the Company to debit said account for such amount allowed by law in the event a debit entry is rejected by the depository.

DEPOSITORY
NAME(S) _____ BRANCH _____

CITY _____ STATE _____ ZIP _____ - _____

TRANSIT/ABA NO. _____ ACCOUNT NO: _____

PROVIDE COPY OF A VOIDED CHECK FOR THE INDICATED ACCOUNT

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, but no less than 3 business days before any payments are due to be made, and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME of SIGNER _____ DONI ACCT NO _____
(Assigned by client company)

NAME of SIGNER _____ DONI ACCT NO _____
(Assigned by client company)

DATE _____ SIGNATURE _____

DATE _____ SIGNATURE _____

A COPY OF THIS AGREEMENT MUST BE GIVEN TO THE CUSTOMER(S) WHO SIGNED

NOTE: ALL WRITTEN DEBIT AND CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Funds will be transferred on the _____ of each month in the amount of \$ _____ beginning on _____.

Distribution: Client company to retain voided check. Representative retain a copy of form and copy of voided check.