**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENT**

**COMPANY NAME: GOTTA-SCRAP INN of Michigan Inc.**

I (we) hereby authorize, Gotta-Scrap Inn hereinafter called COMPANY, to initiate debit entries and the

Initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our)

\_\_\_\_\_\_\_\_\_\_ Checking or \_\_\_\_\_\_\_\_\_\_\_ Savings account (select one) indicated below and the

Depository named below hereinafter called DEPOSITORY, to credit and/or debit the same to such

Account.

**Information from front of check:**

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

 ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 STATE: \_\_\_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

START DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ROUTING #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ACCOUNT # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT OF WITHDRAWAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOW FREQUENTLY: \_\_\_\_\_\_\_ BI WEEKLY \_\_\_\_\_\_\_\_ MONTHLY

 15th& 30th 15th OR 30th

 **This authority is to remain in full force and effect until Gotta Scrap Inn has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Gotta Scrap Inn a reasonable opportunity to act on it. If you do not have the funds in your account when withdraws are taken out you will be charged a $25.00 NSF fee. This fee is to cover the NSF charge from the bank. Be aware that if you cancel your AW and your reservations a $125.00 deposit fee will be subtracted from your funds you have in your AW Account.**

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

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*\*\* PLEASE ATTACH A VOIDED CHECK FOR VERIFICATION PURPOSES. \*\*\*

 Scan and email to gsiofmichigan@gmail.com or MAIL: 427 Riverside Drive, Manchester, MI 48158 Attn: Amy