

For Office Use Only:
Property _____
Effective Date _____
Amount _____
New/Change/Other _____

DIRECT WITHDRAWAL AUTHORIZATION FORM

I hereby authorize Halvorson Management Resources (HMR) to initiate debit entries and to initiate, if necessary credit entries and adjustments for any debit entry made in error to my (our) account indicated below and the financial institution named below to credit and or debit the same to such account. This authority is to remain in full force and effect until HMR has received written notification from me (either of us) of its termination in such time and in such manner as to afford HMR and the financial institution named below a reasonable opportunity to act on it.

Date: _____

Name: _____

Address: _____

Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking or Savings

Authorized Signature: _____

Joint Signature (if necessary): _____

ATTACH VOIDED CHECK/DEPOSIT SLIP HERE