

Authorization Agreement for Direct Payments

I (We) hereby authorize Trout Lake Camps, hereinafter called COMPANY, to initiate withdrawals to my (our) Checking Account indicated below at the depository financial institution named below, hereinafter called FINANCIAL INSTITUTION, and to debit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I (We) acknowledge that a debit entry to my (our) account will remove money from my (our) account. I (We) am a duly authorized check signer on the financial institution account identified below, and authorize all of the above evidenced by my signature below.

Financial Institution Name _____

Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

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

Name(s) _____

Please Print Clearly

Signature _____ Date _____

Type of Account: Checking

Date of withdrawal: 5th of each month
 20th of each month

Amount of each withdrawal:

 \$ _____ for General Operations

IMPORTANT: Please attach a voided check for checking account.

*Once completed, please return this form to Jonathan Wicklund
at the Trout Lake Camps office:
10173 Trout Lake Dr, Pine River, MN 56474.*