

## 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:    5<sup>th</sup> of each month  
                                   20<sup>th</sup> 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 Ben Frank at the  
Trout Lake Camps office:  
10173 Trout Lake Dr, Pine River, MN 56474.*