



**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)
(Catch-Up Payments)**

Company Name: _____ Federal ID Number or SSN: _____

I (we) hereby authorize The Thompson Company, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, 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 the U.S. law.

Bank Name: _____ Street Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

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 in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Authorized Signer on Account: _____

Date: _____ Signature: _____

I authorize The Thompson Company to initiate an ACH Debit in the amount of \$_____.
I authorize this ACH Debit to occur each Monday until my account is paid in full or my account is within Current terms or until I notify Company in writing to Discontinue.

NOTE: AUTHORIZATION MAY BE REVOKED AT ANY TIME BY WRITTEN NOTIFICATION TO THE THOMPSON COMPANY.

Attach a Voided Check Here