

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZE PAYMENTS**

**COMPANY:** Harbor East POA, Inc

**COMPANY ID#:** 71-0593244

I (we) hereby authorize Harbor East POA Inc, hereinafter called COMPANY, to initiate debit entries to my (our) checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same account.

**AMOUNT OF DRAFT:** \_\_\_\_\_

**Depository - Your bank**

**BANK NAME** \_\_\_\_\_ **BRANCH** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**TRANSIT/ABA NO** \_\_\_\_\_ **ACCOUNT #** \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has written notification from me (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.

**NAME(S)** \_\_\_\_\_

Please Print

**DATE** \_\_\_\_\_ **SIGNED** \_\_\_\_\_

Please return to Harbor East POA with a voided check to:

Harbor East POA  
21 Vista Dr  
Mount Ida, AR 71957  
Fax # 870-867-6278  
Email: harboreastpoa@windstream.net