

YATES WOOD & MacDONALD, INC.
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

NAME _____
(PLEASE PRINT)

I (we) hereby authorize Yates, Wood & MacDonald, Inc., hereinafter called COMPANY, to initiate debit entries to my (our) () checking () savings account (select one) indicated below and the depository financial institute named below, hereinafter call DEPOSITORY and to debit the same to such account. I (we) acknowledge that the original of ACH transactions to my (our) account must comply with the provisions of U.S. law.

ASSOCIATION NAME _____

UNIT ADDRESS _____

DEPOSITORY (NAME OF BANK) _____

TRANSIT ROUTING/ABA NUMBER _____

ACCOUNT NUMBER _____

CONTACT PHONE NUMBER _____

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

DATE _____ SIGNED _____

Please attach a sample **VOIDED CHECK** here.

Please Print out Form, Sign and Date and attach Voided Check then return to Yates Wood in the mail (425 Pontius Ave. N Suite 203, Seattle, WA 98109), via fax (206-268-3330) or via email (accounting@yateswood.com).