

Authorization for Direct Automatic Bill Payment (ACH)

Date: _____

I authorize OPC Marketing to initiate a one-time entry of \$750.00 to my account described below.

Checking Account Number: _____

Financial Institution's Name: _____

Financial institution's routing number _____

Routing Number is found between these symbols **I**: _____ **I**:

This authority is to remain in full force and effect until OPC Marketing has received in written verification from me of its termination in such time and manner so as to afford the company a reasonable opportunity to act on it. If there are insufficient funds in your account to cover the transaction, you will incur a \$45 charge per transaction.

Signature: _____

Name on Account: _____

Address: _____

City / State / Zip: _____

Telephone Number: _____

Attach Voided Check Here