

ACH Authorization for monthly ACH Debit
(To debit an account at another institution)

Customer Name: <u>Legacy Outfitters, Inc.</u>	Chapter: _____
Address: <u>P.O. Box 24161</u> City: <u>Waco</u> State: <u>TX</u>	
ZIP Code: <u>76702</u> Business Phone: <u>254-399-9992</u>	
Bank account to be <u>credited:</u> <u>On File</u>	
Amount _____	The amount will be debited from your account on or about the 15 th of the month
Start Date _____	

I hereby authorize Legacy Outfitters, Inc. to initiate debit entries to my Checking / Savings Account (select one) indicated below at the depository financial institution name below, hereinafter called "DEPOSITORY", and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution Name _____		
City: _____	State _____	ZIP _____
Bank Phone number _____	Name on Account _____	
Bank Routing number _____	Account Number _____	
	Account Type _____	

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

Name _____ Social Security Number _____

Signature _____ Date _____

E-mail: _____

If you would like to receive an e-mail confirmation each month, check here: _____

**** Please attach a copy of a voided check from Depository Institution ****