

Payment Amount

Account Holder Name

Account Number

Routing Number

**Customer Information**

Address

Amount $

**Authorized to process payment:**

HARAN WATSON & COMAPNY, P.O. Box 3008Dublin, Ohio 43016

Signature Print name Date

This will serve as authorization for HWCP's bank account to establish Electronic transfer instructions to deposit or withdraw funds as ordered by me (us) through Haran, Watson & company by crediting or debiting my (our) account indicated below.

This authorization is to remain in full effect until HWCO's bank, through Haran, Watson & Company, has received written notification from me (or either of us) of its termination in such time and in such manner as to afford HWCO's bank and my (our) bank a reasonable opportunity to act on said termination. I also authorize Haran, Watson & Company to accept debit or credit adjustments if required. I authorize Haran, Watson & Company and / or HWCO's bank to verify my (our) bank account information with the bank listed above.