**Authorization Agreement for Direct Deposits**

Company Name: CJ & Associates, Inc.

Company Address: 2200-B Douglas Boulevard, Suite 140, Roseville, CA 95661

Phone Number: 916-749-3533

Fax Number: 916-865-4657

Email: contact@cjandassociatesinc.com

I (we) hereby authorize CJ & Associates, Inc. to initiate, at the depository financial institution named below, credit or debit entries from my (our) □ Checking Account or □ Savings Account (select one). I (we) acknowledge that the origination of ACH transactions from my (our) account must comply with the provisions of U.S. law.

Depository Name: Community 1st Bank

City, State, Zip: Roseville, CA 95661

Routing #: 121144201

This authorization is to remain in full force and effect until CJ & Associates, Inc. has received written notification from me (or any of us) of its termination in such time and in such manner as to afford CJ & Associates, Inc. and Depository a reasonable opportunity to act on it.

Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature # 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature # 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.