



**PAYMENT AUTHORIZATION AGREEMENT**

I (we) hereby authorize Unity Shoppe, Incorporated, herein after called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same such account.

DEPOSITORY (Account Holder) NAME: \_\_\_\_\_

BANK NAME & BRANCH: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

BANK PHONE # \_\_\_\_\_

Amount to be debited on a monthly basis: \$ \_\_\_\_\_

***PLEASE ATTACH  
A COPY OF A VOIDED  
CHECK or DEPOSIT SLIP***

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

**AUTHORIZED INFORMATION AND SIGNATURES ARE REQUIRED BY THE BANK:**

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DRIVERS LICENSE# \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DRIVERS LICENSE# \_\_\_\_\_ DATE: \_\_\_\_\_