

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

CUSTOMER NAME _____ (Print) NBC ACCOUNT NO. _____

I (we) herby authorize the Narragansett Bay Commission hereinafter called "NBC," to initiate debit entries to my (our) checking account indicated below at the banking institution named below, hereinafter called "BANK," to debit the same to such account.

BANK NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____ ACCOUNT NO. _____

The authorization is to remain in full force and effect until the NBC has received written notice from me (or either of us) of its termination in such time and manner as to afford the NBC and the Bank a reasonable opportunity to act on it.

NAMES(S) _____ (Print)

(Print)

SIGNATURE(S) _____ DATE _____

DATE _____

PLEASE ENCLOSE A BLANK CHECK WITH "VOID" WRITTEN ACROSS THE FRONT OF IT.