



— A WORLD WITHOUT PANCREATIC CANCER —

Authorization Agreement For Automated Clearing House Transactions (ACH Credits)

ACH Authorization	
Lender/Company Name:	
I (we) hereby authorize; <u>Project Purple</u> hereinafter called LENDER/COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) <input type="checkbox"/> Checking <input type="checkbox"/> Savings account (<i>select one</i>) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.	
Bank Information	
Depository Name (Lenders/Companies Bank's Name):	
ACH/Transit/ABA No/Wire: (Routing #):	Account #:
This authority is to remain in full force and effect until LENDER/COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY/INDIVIDUAL and DEPOSITORY a reasonable opportunity to act on it.	
Below is for Individual Lender's Only (Not Companies)	
Name (Please Print):	
Signature:	Date:

Office Use Only (Do not fill out):

I (we) wish for this transaction to take place starting on: _____ and to recur:
___ once a month ___ every two weeks **X** other: one-time payment only

Patient Name: _____

Bill: _____