

## AUTHORIZATION FOR AUTOMATED PAYMENT

The undersigned account holder does hereby authorize South Central Kansas Economic Development District, Inc. (SCKEDD) to initiate debit entries to the below referenced deposit account for the full amount of all sums due at the time of said debit entry.

The herein named Depository is hereby instructed, authorized and ordered to honor any and all debit entries initiated by SCKEDD under the terms of this Authorization For Automated Payment instrument.

This authorization is granted to assure the prompt and unconditional payment of any and all indebtedness of the undersigned account holder to SCKEDD now or hereafter existing, due or to become due.

The authority granted herein shall continue in full force and effect until SCKEDD and Depository have received written notification by certified mail from the undersigned account holder to nullify and revoke this authority. Such nullification and revocation is effective upon the date the required notice is received.

### DEPOSITORY

Name	Address	Telephone

### ACCOUNT TO BE DEBITED

Type of Account	Account Number	Routing Number
<input type="checkbox"/> Checking		
<input type="checkbox"/> Savings		

### ACCOUNT HOLDER

Name	Address	Telephone	
ACCOUNT HOLDER SIGNATURE		Title	Date

### SCKEDD OFFICE USE ONLY

Borrower Name	Address	Contact Person/Telephone
Loan Number		Regular Payment Amount
		Regular Payment Date ____ of each month beginning _____

### ATTACH VOIDED CHECK