CMC CLINTON
CLINTON, MISSISSIPPI

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWALS (ACH DEBITS)

COMPANY NAME: **CMC Clinton** Tax ID: **99-3343118**

I (we) hereby authorize **CMC Clinton**, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking and/or Savings Account indicated below and the bank named below, hereinafter called WITHDRAWAL, to credit and/or debit the same to such account.

BANK NAME: _____

TRANSIT / ABA NO. _____

ACCOUNT TYPE: _____ CHECKING _____ SAVINGS

ACCOUNT NUMBER: _____

Monthly withdrawals will be made on or about the third day of each month. If you choose a semi-monthly withdrawal, an additional withdrawal will be made on or about the eighteenth day of each month.

FREQUENCY OF WITHDRAWALS: _____ MONTHLY _____ SEMI-MONTHLY

AMOUNT OF EACH WITHDRAWAL: $ _____

This authority is to remain in full force and effect until 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 and BANK a reasonable opportunity to act on it.

PRINTED NAME(S): _____

DATE: _____ SIGNED: _____

If using a checking account,
STAPLE VOIDED CHECK HERE.