

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (We) hereby authorize Two Roads Foundation to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Account type, please select one:

Checking Account

Savings Account

At the depository financial institution named below ("DEPOSITORY"). I (We) agree that ACH transactions I (we) authorize comply with all applicable law.

DEPOSITORY Name: _____

Routing Number: _____

Account Number: _____

PLEASE ATTACH A COPY OF VOIDED CHECK (only for first authorization, not needed for amount changes)

Amount of debit authorized: _____

Frequency of debit: MONTHLY

Date of debit: _____ THE 1st OF EVERY MONTH or _____ THE 15th OF EVERY MONTH (Check one)

I (we) understand that this authorization will remain in full force and effect until I (we) notify Two Roads Foundation in writing at one of their locations that I (we) wish to revoke this authorization. I (we) understand that Two Roads Foundation requires at least three (3) days prior notice to cancel this authorization.

Signature(s) of all persons authorized to use the account:

Authorized User (1) Signature _____ Date: _____

Authorized User (2) Signature _____ Date: _____

Add more if needed

ATTACH VOIDED CHECK HERE