

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

CONSUMER NAME (S) _____

I (we) hereby authorize the **Lexington Flying Club**, hereafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the bank or credit union named below, hereinafter called INSTITUTION, to debit the same to such account.

A VOIDED check is attached to provide routing and account information.

FINANCIAL INSTITUTION NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING / TRANSIT / ABA NO. _____

ACCOUNT NO. _____

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

CONSUMER NAME (S) _____

(PLEASE PRINT)

DATE _____

SIGNED _____ SIGNED _____