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## **EFT AUTHORIZATION**

I (we) hereby authorize North-COMPANY, to initiate debit entries to financial institution named below, he to debit the same to such account fo We acknowledge that the origination must comply with the provision of U.	o my (our) account breinafter called FIN. or of ACH transaction	indicated ANCIAL I	below an	ION, 	
(Financial Institution Name)		(Branch)			
(Address)	(City)		(State)	(ZIP)	
(Routing Number) (Account N	• • • • • • • • • • • • • • • • • • • •	Type of Account:		Checking Savings	
This authority is to remain in full forc written notification from me (or either manner as to afford COMPANY and opportunity to act on it.  (Print Name of Authorizing Individ	r of us) of its termina FINANCIAL INSTIT	ation in su	uch time a reasonal	and	
(Signature of Authorizing Individual)		(E-Mail Address)			
Please Attach Copy of VOIDED Check Here					

All written authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the manner specified in the authorization.

Single entry reversals do not require authorization by the Receiver. Therefore, previous recommended language regarding the initiation of possible credit entries is no longer stated in the authorization.

The underlined language in the authorization above represents the disclosure requirement associated with the clarification of OFAC economic sanction policies upon ACH Network Participants.