

I (we) hereby authorize Class Appraisal Inc, hereinafter called COMPANY, to initiate credit and, if necessary, debit entries and adjustments for any credit entries in error to my (our):

Checking Savings

account indicated below, at the depository Financial Institution named below, and to credit or debit the same from such account. I (we) acknowledge that the authority will remain in effect until either party gives proper notice of cancellation in writing, and that the origination of ACH transactions to my (our) account shall comply with any applicable provisions of U.S. law.

Company Name

Financial Institution

Name on Bank Account

Account Number

Routing Number



Please attach a copy of a voided check (checking account) or a voided withdrawal slip (savings account).

The routing and transit number is a nine digit number located here. The checking account number is locate here.

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of our intention to terminate this agreement in such time, and in such manner as to afford COMPANY and Financial Institution a reasonable opportunity to act on it. Any transaction that results in reversed funds due to improper notification will be subject to a \$50.00 fee.

Print Name Date

Signature

Print Name Date

Signature