

Authorization Agreement for Automatic Payment (Debits)

DeWitt Theater Company

42-1126075

Company Name

Company ID#

I (we-if joint account) hereby authorize the **DeWitt Theater Company**, hereinafter called Company, to initiate debit entries from my account as follows: (complete only one of the options listed below)

\$ _____ Monthly on the 1st

\$ _____ Monthly on the 1st & 15th

\$ _____ Weekly on Monday

and to initiate, if necessary, credit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereinafter called Depository, to credit the same to such account.

Bank/Financial Institution Name/Number

Branch

City, State, Zip Code

Routing Number/ABA*

Account Number*

Type of Account (Select One):

_____ Checking _____ Savings

This authority is to remain in full force until _____ (Date) or Company has received written notification from me (or either of us of) its terminations in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Name (Please Print)

E-mail Address (if needed for notification)

Signature

Date

Name (if joint account – using the term “and”)

Signature

Date