

AUTHORIZATION AGREEMENT FOR DIRECT AUTO PAYMENTS

CLIENT/CUSTOMER INFORMATION

NAME: _____

MAILING ADDRESS: _____
STREET STATE CITY ZIP CODE

FINANCIAL INSTITUTION INFORMATION

FINANCIAL INSTITUTION NAME: _____

FINANCIAL INSTITUTION ADDRESS: _____

TELEPHONE NUMBER: _____ ROUTING NUMBER: _____

ACCOUNT NUMBER: _____
_____ Checking Account
_____ Savings Account

AUTHORIZATION

I hereby authorize **TDX ADAK GENERATING, LLC (TAG)** to initiate debit entries to transfer funds from the account listed above, and if necessary, credit entries or adjustments for any withdrawal made in error to the account. This Authorization is to remain in full force and effect until **TDX TAG** has received written notice from me of its termination in such a manner as to afford reasonable time to act on it.

SIGNATURE

PRINTED NAME

DATE



↑
Routing
Number

↑
Account Number

↑
Check
Number