

## 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: _____	
	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account

AUTHORIZATION		
<p>I hereby authorize <b>TDX SAND POINT GENERATING, LLC (SPG)</b> 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 <b>TDX SPG</b> has received written notice from me of its termination in such a manner as to afford reasonable time to act on it.</p>		
SIGNATURE _____	PRINTED NAME _____	DATE _____

