

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Company Name: <u>LE Aviation</u>

☐ Checking Account/ ☐ Savings Account (select institution named below, hereinafter called DEPOSI	lled COMPANY, to initiate credit entries to my (our) one) indicated below at the depository financial TORY, and to credit the same to such account. I (We) ctions to my (our) account must comply with the
Depository Name:	Branch:
City:	State:Zip:
Routing Number:	Account Number:
	ect until COMPANY has received written notification time and in such manner as to afford COMPANY and
Names(s):(Please Print)	
Signature:	Date:
	ST PROVIDE THAT THE RECEIVER MAY REVOKE THE RIGINATOR IN THE MANNER SPECIFIED IN THE

AUTHORIZATION.

Please attach voided check here