



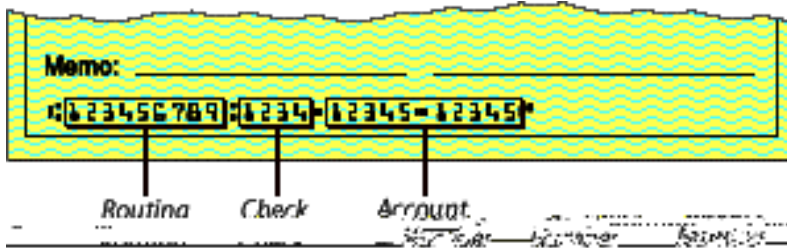
601 S. W. Second Avenue
 Portland, OR 97204-3156
 (503) 228-6554

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

1. Complete and sign the authorization form
2. For a checking account, please attach a **VOIDED** check
3. For a savings account, attach a deposit slip
4. Return the authorization form with the voided check or deposit slip to The ODS Companies

THIS REQUEST IS:

NEW **CHANGE** **CANCEL**



COMPANY NAME _____ **COMPANY TAX ID NUMBER** _____

I (we) hereby authorize _____, hereinafter called **COMPANY**, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called **DEPOSITORY**, to debit the same account only for the specific funding activity related to the benefit plan.

DEPOSITORY NAME _____ **BRANCH** _____

CITY _____ **STATE** _____ **ZIP** _____

ROUTING / ABA NO. _____ **ACCOUNT NO.** _____

This authority is to remain in full force and effect until **COMPANY** and **DEPOSITORY** has received written notification from me (or either of us) of its termination in such time in such manner to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

NAME(S) _____
 please print

DATE _____

SIGNED _____

SIGNED _____