

**ASBURY PARK, INC.
AUTHORIZATION AGREEMENT
DIRECT PAYMENT (ACH DEBITS)**

I hereby authorize ASBURY PARK, INC. hereinafter referred to as the COMPANY, to initiate a monthly debit to my account indicated below and the FINANCIAL INSTITUTION, to debit the same account listed below.

Financial Institution Name (your bank)

Routing/Transit Number

Financial Institution Address

Account Number

Type of Account: Checking
 Savings

Indicate the amount you would like taken out of your account.

Set amount of \$ _____ Date to be debited _____

-or-

Reoccurring amount of \$ _____ debited on the ____ every _____

This authority is to remain in full force and effect until Company has received a written notification from me of its termination, in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

Account holders Name (Printed)

Signature

Date

PLEASE ATTACHED A VOIDED CHECK OR A DEPOSIT SLIP