



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Blue Chip Services, LLC
P.O. Box 841833
Pearland, TX 77584

Tax ID: 85-1319333

*I, (we) hereby authorize **Blue Chip Services, LLC** hereinafter called **COMPANY**, to initiate credit entries to my Checking/Saving Account indicated below at the depository financial institution named below, hereinafter called **DEPOSITORY**, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.*

Financial Institution Name (Depository) _____

Branch (if applicable) _____

City _____ **State** _____ **Zip** _____

Routing Number _____

Account Number _____

Checking Account _____ **OR** **Savings Account** _____

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

SS No. _____

Printed Name _____

Signature _____ **Date** _____

Please Attach a Voided Check Below: