



**AUTHORIZATION AGREEMENT FOR AUTOMATED BILL PAYMENT
(ACH PAYMENT)**

COMPANY NAME _____ FEDERAL ID # _____
(PLEASE PRINT)

E-MAIL ADDRESS _____
(REQUIRED - FOR E-MAIL CONFIRMATION)

SPORTS SOUTH CUSTOMER ACCOUNT NUMBER: _____
(IF APPLICABLE)

I (we) hereby authorize Sports South, LLC, hereinafter called COMPANY, to initiate debit and or credit entries to my (our) Checking Account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and or credit the same such account.

DEPOSITORY NAME _____ BRANCH _____
(PLEASE PRINT)

CITY _____ STATE _____ ZIP _____ - _____

TRANSIT/ROUTING # _____ ACCOUNT # _____

This authority is to remain in full force and effect until COMPANY AND DEPOSITORY have 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 reasonable opportunity to act on it.

NAME _____ SIGNED _____
(PLEASE PRINT)

DATE _____

NAME _____ SIGNED _____
(PLEASE PRINT)

DATE _____

Please attach a copy of a canceled check to this form and mail or fax back to (318) 798-5255.