

ACH Authorization Form

DEBIT / CREDIT AUTHORIZATION FORM

I (we) hereby authorize RAILROAD OUTDOOR, LLC (THE COMPANY) to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, to initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution-Branch, City, State & Zip)

Customer Signature

Date

(Name-PLEASE PRINT)

(Address- PLEASE PRINT)

Set Amount _____ or Maximum Amount _____

Frequency of Transfer: Monthly on the 1st of the Month. Select Date for First Payment: _____

Credit Transfer or Debit Transfer (Required)

Select both to allow us to return money to your account in case of an error.

Financial Institution Routing Number*: _____

Checking Account Number*: _____ or Savings Account Number _____

*These numbers are located on the bottom of your check as follows:

|: 123456789
Routing Number

|: 1234567
Account Number