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Authorization Agreement for Direct Deposits (ACH Credits)

Assured Management, Inc. - Company ID #84-1074795

I (we) hereby authorize Assured Management, Inc., hereinafter called COMPANY, to initiate credit entries into my (our) () Checking () Savings (select one) 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.

DEPOSITORY
NAME _____ BRANCH _____
(Bank Name)

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____

ACCOUNT No. _____

Please attach a voided check (not deposit slip) for this 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.

DATE: _____

NAME _____
(please print)

SIGNED X _____

NAME _____
(please print)

SIGNED X _____