



**First Citizens Bank
Attn: Joel Thompson
300 North Main St
Charles City, IA 50616**

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I hereby authorize CLIMB, hereinafter called **Company**, and First Citizens Bank to initiate electronic debit entries to my account indicated. I have supplied my financial institution's (Depository's) name and my account number below.

_____	_____
Depository Bank	Transit/Routing Number
_____	_____
City State	Account Number Checking
Savings	

This authority is to remain in full force and effect until **Company** has received written notification from me of termination of this agreement. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____	_____
Name (please print)	ID Number
_____	_____
Amount	Frequency
_____	_____
Date	Signature

*****This authority will remain in effect for current and future increases in dues as long as resident resides at this address or notice of termination is given*****

Please Attach a Voided Check