



FIRST EAGLE BANK

DIRECT PAYMENT AUTHORIZATION Variable Amount/Date

I (we) hereby authorize **Arachas Group, LLC**, hereinafter called "Company", to initiate debit entries to my (our) account and financial institution listed below.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing & Transit Number) (Account Number)

(Type of Account)

\$

(Amount/Range to Debit) (Date to Debit)

Monthly Weekly One Time Quarterly
(Recurrence)

I (we) understand that should the regularly scheduled debit date fall on a weekend or Federal holiday, the debit shall occur on the following banking date.

This authority shall remain in effect until "Company" has received written notification from me (us) of its termination in such a time and in such a manner as to afford "Company" a reasonable opportunity to act on it.

(Account Holder Signature) (Printed Name)

(Date)

(Please attach a voided check or financial institution account verification letter to this form.)

