



AUTHORIZATION FOR DIRECT PAYMENT

Company Name _____

I authorized Builder Partnerships to initiate entries to my (our) account below:

Checking account No. _____

Financial Institution's Name _____

Financial Institution's Routing Number _____

Financial Institution's Address _____

This authority is to remain in full force and effect until the Company has received written notification from me of its termination in such time and manner as to afford Builder Partnerships a reasonable opportunity to act on it.

Signature _____

Full Name _____

Address _____

Telephone No. _____ Date _____

Persons to receive notifications of payments made:

Name & Title

Email Address

Name & Title

Email Address

Name & Title

Email Address