

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT
National Rehabilitation Association**

I (we) hereby authorize the NATIONAL REHABILITATION ASSOCIATION, hereinafter called COMPANY, to initiate debit and/or credit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter 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. Debit and/or credit entries are authorized on a ___monthly, ___quarterly, or ___annual (select one) frequency.

Depository
Name _____ Branch _____
City _____ State _____ Zip _____
Routing Account
Number _____ Number _____

This authorization is to remain in full and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such as to afford COMPANY and DESPOSITORY a reasonable opportunity to act on it.

Name(s) _____
(Please Print)

Date _____ Signature _____

PLEASE ATTACH CANCELLED CHECK OR DEPOSIT SLIP HERE

**NOTE: WRITTEN DEBIT AND/OR CREDIT AUTHORIZATIONS MUST PROVIDE
THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY
NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE
AUTHORIZATION.**