

**DEBIT AUTHORIZATION FORM**

**I (we) hereby authorize WTG Sarasota, LLC to initiate entries to my transaction account at the financial institution listed below (THE FINANCIAL INSTITUTION). This authority will remain in effect until WTG Sarasota is notified by me (us) in writing to cancel it in such time as to afford WTG Sarasota, LLC a reasonable opportunity to act on it.**

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(Name of Financial Institution)

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(Address of Financial Institution – Branch, City, State & Zip)

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(Signature)

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(Date)

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(Name – PLEASE PRINT)

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(Address – PLEASE PRINT)

Amount: \_\_\_\_\_

Customer Account Number: \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

Automatic withdrawal of \$ \_\_\_\_\_ will be debited on the \_\_\_\_\_ day of the month, beginning in the month of \_\_\_\_\_, 200\_ .

**Please Attach a Copy of a Cancelled Check**

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