

Consumer Authorization for Automated Debit Entries
Authorization Agreement for Preauthorized Payments

Company Name: SpeedConnect

I (customer name) _____ hereby authorize ,
SpeedConnect hereinafter called COMPANY, to initiate debit entries to my (our) []
Checking [] Savings account (select one) indicated below and the depository named
below, hereinafter call DEPOSITORY, to debit same to such account.

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Routing Transit/ABA No.: _____

Account No.: _____

This authority is to remain in full force and effect until COMPANY has received written
notification within 30 days from me (or either of us) of its termination in such time and in
such manner as to afford COMPANY a reasonable opportunity to act on it.

Name(s): _____ Date: _____

Signed: _____

*Please attach a copy of a voided check and send to:

SpeedConnect – 3049 Bay Plaza Drive, Saginaw MI 48604