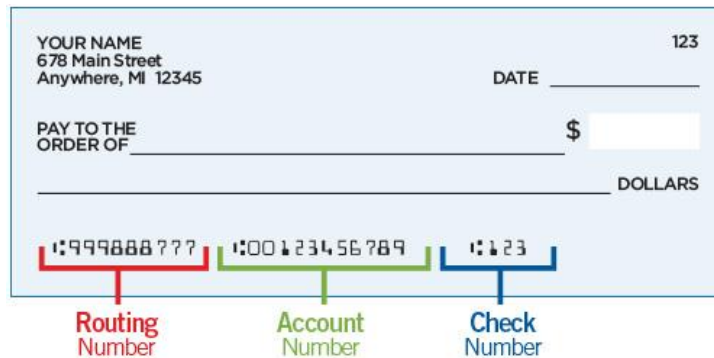


ACH Electronic Check

MULTI-USE AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

Name	Company ID	
I hereby authorize Oglesby Plants International, Inc. hereinafter called COMPANY, to initiate debit entries to my <input type="checkbox"/> Checking Account / <input type="checkbox"/> Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.		
Depository Name (Bank)	Branch	
City	State	Zip
Routing Number	Account Number	

Please use the information found at the bottom of your check to provide the Routing Number and Account Number.



This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I understand that I will be notified by the COMPANY with the payment amount and payment date prior to any debit to this authorized account.

Name _____
(Please Print)

Address _____

Signature _____

Date _____

Please mail, fax (recommended) or email the completed form to:
 Fax: (850) 762-4552 email: pats@oglesbytc.com