

Authorization for ACH Debit

This authorizes Angel Wings Memory Gowns
("Company Name") to send debit entries (and appropriate credit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I/ (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. This authorization will remain in effect until the Company receives written termination notice from myself and has reasonable opportunity to act on it.

(Financial Institution Name)

(Address)

(City/State)

(Zip)

(Routing Number)

(Account Number)

Type of Account:

Checking

Savings

Debit Amount: \$ _____ Full Amount Due Minimum Amount Due

Single Debit Transaction

Recurring Debit Transaction (monthly gift plan)

Beginning Date: _____

Should the debit transaction amount due fall on a Federal Reserve legal banking holiday, the debit will post to my account on the next business day.

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

Print Name: _____

Signature: _____ Date: _____

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

* If you scan and email back to MemoryGowns@gmail.com
a copy of a voided check is sufficient*