

ACH AUTHORIZATION

I authorize Argus Dental & Vision, Inc. (hereinafter called "Company") and Valley National Bank (hereinafter called "Financial Institution") to deposit funds electronically and debit account electronically via ACH and to initiate any necessary adjustments for entries made in error to my account. This authority is to remain in full force and effect until Company has received written notification from the undersigned of its termination in such time and in such manner as to afford Company a reasonable opportunity to act on it.

**Be sure to include a voided (Cancelled) check from your checking account and/or a deposit slip for your savings account, whichever is applicable. The details from the check / deposit slip will be used to verify the account detail.

Name of Depositor (name as shown on bank records)	Depository Bank (bank name)
Bank Transit/ABA Number	Account Number
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

(Signature)

(Date)

(Signature)

(Date)

Attach Voided Check(s) / Deposit slip here.