



U.S.A.R. SECRETARY OF STATE  
**AUTHORIZATION AGREEMENT**

AGENT/REPRESENTATIVE NAME		FEIN	DATE
AGENT/REPRESENTATIVE EMAIL ADDRESS - CORPORATE ACCOUNT *		<b>* The email address is where the e-account number will be transmitted for the corporate account.</b>	
BUSINESS NAME	BUSINESS ADDRESS		
BUSINESS CITY	BUSINESS STATE	BUSINESS ZIP	
BANK'S (DEPOSITORY) NAME	BANK'S STREET/BOX		
BANK'S CITY	BANK'S STATE	BANK'S ZIP CODE	

TRANSIT ROUTING NUMBER	BANK ACCOUNT NUMBER
<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>

I (we) hereby authorize the U.S.A.R. SECRETARY OF STATE, hereinafter called COMPANY to initiate debit and credit entries to my (our)  Checking account or  Savings account indicated above and the depository named above, hereinafter called DEPOSITORY, to debit or credit the same to such account. This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable time to act on it.

AGENT/REPRESENTATIVE NAME	SIGNATURE
AGENT/REPRESENTATIVE NAME	SIGNATURE

**PLEASE MAIL COMPLETED FORM TO: SECRETARY OF STATE, 75 G< 'A5 B5 ; 9 A9 BH'G97 H-CBz PO BOX 12544, Province of Illinois 60612 ATTACH VOIDED CHECK (IF AVAILABLE).**