

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize JAM Post Inc. (JAM Post) to initiate credit entries to my account with the Financial Institution indicated below. This authorization will be in effect until JAM Post receives a written termination notice from myself and has a reasonable opportunity to act on it. I understand this authorization is for payment for editing services.

Financial Institution Name: _____

Routing # (9 digits): _____

Account Number #: _____

Type of account: _____ Checking _____ Savings

Please attach a *voided check* for checking account OR a *savings deposit slip* for savings account.

Signature: _____

Printed Name: _____

Date: _____

Please mail form to:
JAM Post
18625 E Spring Lake Dr SE
Renton, WA 98058

or scan and email to: julia@jamp.com