April 20, 2010

Contact Name

Address

Address2

City, State/Province

Zip/Postal Code

**OBJECT: PRE-AUTHORIZED PAYMENT, VARYING AMOUNT**

Dear [CONTACT NAME],

This letter is to acknowledge that [COMPANY/INDIVIDUAL] is hereby authorized to withdraw the amount due on our [NATURE OF CHARGES] on a [PERIOD OF PAYMENT] basis on the [NUMBER OF DAYS AFTER BILLING DATE] day after the billing date:

Bank: [BANK NAME AND ADDRESS]

Bank Transit No: [BANK TRANSIT NO.]

Account No: [ACCOUNT NUMBER]

Bank Tel. No. [BANK TELEPHONE NUMBER]

Bank Contact [NAME OF BANK CONTACT & TITLE]

This shall be your good and sufficient authority for so doing. We enclose an unsigned check from the account marked "VOID".

[NOTE: IF MORE THAN ONE SIGNATURE IS REQUIRED ON ACCOUNT, MAKE SURE BOTH BANK SIGNING OFFICERS SIGN LETTER]

Sincerely,

[YOUR NAME]

[YOUR TITLE]

[YOUR PHONE NUMBER]

[YOUREMAIL@YOURCOMPANY.COM]