

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH WITHDRAW)

Customer Name	Phone	
Business Name		
City, State, Zip		
	oup, LLC, hereinafter called URG, to initiat y month in the amount of \$ on/ 10 / 20 from my:	
☐ Checking Account or	☐ Business Account or	
☐ Savings Account	☐ Personal Account	
Bank Name		
City	StateZip	
Routing Number	Account Number	
	main in effect until I have cancelled in wrond that the origination of ACH transaction of U.S. law.	_
Name		
(Please Print)		
Signature	Date /	/

Please email signed copy to bookkeeper@u-r-g.com or fax to 303-367-4409.