



SCHEDULE B AUTHORIZATION FORM

ACCOUNT NAME: _____ ACCOUNT #: _____

TAX IDENTIFICATION NUMBER: _____ PORT #: _____

ACH COMMUNICATION FACSIMILE NUMBER _____ (760) 432-4078

The following individuals are authorized to INQUIRE, TRACE and request REVERSALS of ACH transactions. Such requests must be in writing; facsimile notice is acceptable. Bank may refuse to act on telephone requests if written confirmation is not received same day.

These individuals are also authorized to verify exceptions to ACH batches.

PLEASE TYPE OR PRINT

<u>Name</u>	<u>Signature</u>	<u>Telephone</u>	<u>Email</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPROVAL OF AUTHORIZATION

Date _____

Signature: _____

Print Name: _____

Title: _____