

# AUTOMATED COLLECTION/DISBURSEMENT DEPOSIT AUTHORIZATION

Customer Number: -

I hereby authorize Rino Pacific LLC to initiate credits or debits (*and/or corrections to the previous credits or debits*) to the institution indicated below. The institution is authorized to credit/debit and/or correct the amounts to my account. The authority is to remain in full force and effect until I revoke it in writing in such time (10) days and such manner as to afford the institution a reasonable opportunity to act on it.

Email Address to send reminders to:

## PLEASE PLACE VOIDED CHECK

Financial Institution (Bank, Savings & Loan, Credit Union):		
Address:		
City:	State:	Zip:

Type of Account-Circle One	
1) Checking	2) Savings
3) Other _____	

Financial Institution Housing Number

Financial Institution Account Number

Company Name:
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Social Security Number or Tax I.D. Number:
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Street Address:
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Authorized By:
Name:
Signature:
Title:
Date:

City, State & Zip Code:
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**FAX TO: (503) 682-8726 If faxed, DO NOT mail original.**