



DIRECT DEPOSIT AUTHORIZATION

This authorizes Natural Freedom, Inc. to send credit entries and appropriate debit and adjustment entries, electronically or by any other commercially accepted method, to my (our) account (s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

ACCOUNT (NO. 1) INFORMATION

ACCOUNT TYPE - CIRCLE ONE Checking Savings

EMPLOYEE BANK NAME	
BRANCH	
CITY	
STATE	
BANK ROUTING # (ABA#)	
ACCOUNT #	

ACCOUNT (NO. 2) INFORMATION

ACCOUNT TYPE - CIRCLE ONE: Checking Savings

EMPLOYEE BANK NAME	
BRANCH	
CITY	
STATE	
BANK ROUTING # (ABA#)	
ACCOUNT #	

This authorization will be in effect until Natural Freedom, Inc. receives a written termination notice from myself and has a reasonable opportunity to act on it.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____