

COMMUNITY BANK

Partnership Banking®

Authorization Agreement for Automated Payments (ACH Debits)

COMPANY
NAME* ALL AMERICAN ASPHALT

COMPANY
TAX ID # 95-2595043

I/we hereby authorize ALL AMERICAN ASPHALT (COMPANY), to initiate debit entries (and to initiate, if necessary, credit entries and adjustments for any debit entries in error) to my/our Checking Savings account (select one) indicated below, and authorize my financial institution named below ("BANK"), to debit and/or credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

BANK NAME _____

BRANCH _____

CITY _____

STATE _____ ZIP _____

ROUTING # _____

ACCOUNT # _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and COMMUNITY BANK (processor of COMPANY automated entries) a reasonable opportunity to act on it.

NAME _____

S.S. # _____

SIGNED _____

DATE _____

SIGNED _____

DATE _____

TAPE A COPY OF YOUR VOIDED CHECK BELOW

*COMPANY will retain this Authorization Agreement for 2 years after its termination and provide a copy to COMMUNITY BANK upon request.

