

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

COMPANY NAME: Nutriservice, Inc.

I hereby authorize Nutriservice, Inc., hereinafter called Company, to initiate credit and, if necessary, debit entries and adjustments for any credit entries in error to my (select one)

Checking Account

Savings Account

indicated below, at the depository Financial Institution named below, and to credit or debit the same from such account. I acknowledge that the authority will remain in effect until I have cancelled it in writing and that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

Financial Institution _____ Branch _____

City _____ State _____ Zip _____

Account Number _____ Routing Number _____

This authorization is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

Center Name _____

Printed Name _____

Date _____ Signature _____

Please attach a copy of a voided check to this form and mail or fax to Nutriservice, Inc.