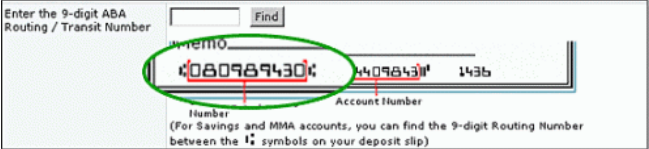




AUTHORIZATION FOR DIRECT PAYMENT

I authorize LAKE CONNECTIONS to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

This authorization is for the full payment due each month. I understand entries to my account will occur on the 10th of each month.

(NAME OF FINANCIAL INSTITUTION)		
(CITY)	(STATE)	(ZIP CODE)
Account No. _____	Savings <input type="checkbox"/> Checking <input type="checkbox"/>	Check box. If checking attach a voided check.
Financial Institution Routing Number _____		
(9 digit number on bottom left of your check – see image)		
		

NAME
ADDRESS
CITY STATE ZIP
(SIGNATURE)
(DATE)

RETAIN FOR YOUR RECORDS

On _____ (DATE) I authorized

LAKE CONNECTIONS 409 17th Avenue, Two Harbors, MN (218) 834-8500

to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with you at any time by writing to the address above.

This authorization is for the full payment due each month. I understand entries to my account will occur on the 10th of each month.