

**PRN INC
AUTHORIZATION FOR AUTOMATED DEPOSITS**

I hereby authorize PRN Inc. to indicate credit entries and to indicate, if necessary debit and adjustments for any reason entries in error to my account checking or savings.

DEPOSITORY NAME: _____
BRANCH: _____
CITY: _____
STATE: _____

TRANSIT/ABA# _____

ACCOUNT # _____

This authority is to remain in full force and effect until PRN Inc. has received written notification of its termination in such time and in such manner as to afford PRN Inc. reasonable opportunity to act on it.

NAME: _____
SIGNATURE: _____
DATE: _____

Please Attach a voided check from checking account selected.
Thank You

FOR COMPANY USE ONLY

DATE RECEIVED: _____
PROCESSED BY: _____