

**REAPS, INC.
NEWSOME PHYSICAL THERAPY NETWORK**

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

THIS FORM MUST BE FILLED OUT COMPLETELY

I HEREBY AUTHORIZE REAPS, INC. / NEWSOME PHYSICAL THERAPY NETWORK TO INITIATE CREDIT ENTRIES TO MY CHECKING OR SAVINGS ACCOUNT INDICATED BELOW AND THE DEPOSITORY NAMED BELOW, HEREINAFTER CALLED DEPOSITORY (BANK), TO CREDIT THE SAME TO SUCH ACCOUNT.

DEPOSITORY (BANK) NAME: _____

BANK TRANSIT (ABA) NUMBER: _____

BANK ACCOUNT NUMBER: _____

CHECKING: \$ _____ SAVINGS: \$ _____

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL REAPS, INC. HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD REAPS, INC. A REASONABLE OPPORTUNITY TO ACT ON IT.

EMPLOYEE NAME: _____

EMPLOYEE SIGNATURE: _____ DATE: _____