

CREDIT AUTHORIZATION AGREEMENT

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

NAME_____

(PLEASE PRINT) ID NUMBER

I (We) hereby authorize STONE HILL & ASSOCIATES INC., herein for called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) () Checking account () Savings account (check one) indicated below at the depository named below, herein after called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME	BRANCH
CITY	STATEZIP
ROUTING NUMBER	ACCOUNT NO.

This authorization 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 DEPOSITORY a reasonable opportunity to act on it.

DATESIC	GNER 1 XS	SIGNER 2 X
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***E-MAIL ADDRESS