## **CHECK PAYMENT AUTHORIZATION via CHAX**

I hereby authorize Great Lakes P hereinafter called COMPANY, to initiate account indicated below and the financia called FINANCIAL INSTITUTION, to del	debit entries to my (our) al institution named belov	checking w, hereina ount for	fter
of such transactions to my (our) accound	_		
(Financial Institution Name)	(Branch)		
(Address)	(City)	(State)	(ZIP)
(Routing Number)  (Account Number)  This authority is to remain in full force ar written notification from me of its termina afford COMPANY and FINANCIAL INST on it.  (Print Name of Authorizing Individual)	nd effect until COMPANY ation in such time and ma FITUTION a reasonable o	anner as to opportunity ate)	0
Please Attach Copy of VOIDED Check Here			

All written authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the manner specified in the authorization.

Single entry reversals do not require authorization by the Receiver. Therefore, previous recommended language regarding the initiation of possible credit entries is no longer stated in the authorization.

The underlined language in the authorization above represents the disclosure requirement associated with the clarification of OFAC economic sanction policies upon ACH Network Participants.