

Authorization Agreement for Pre-Authorized Debits

I (we) hereby authorize **Multi-View Inc. Benchmarking**, hereinafter called COMPANY, to initiate debit entries or credit corrections to the checking account indicated below and the financial institution named below to debit the same to such account.

Financial Institution

City State Zip Code

Bank Transit/ABA Number Account number

This authority is to remain in full force and effect until COMPANY has received written notification from an officer or director of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

Hospice Tax ID Number

Printed Name Title

Printed Name Title

X _____
Signature Date

X _____
Signature Date

Attached a voided check below