

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED DEPOSITS

EMPLOYEE NAME: _____ SOCIAL SECURITY NUMBER: _____

I/We authorize the T-L Irrigation Co. to initiate credit entries to my/our checking/savings account indicated below and the names below to post the same to such account.

BANK NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ACCOUNT NUMBER: _____ CHECKING / SAVINGS (circle one)

ABA / ROUTING NUMBER: _____

DISCLOSURE

This authorization is to remain in full force and effect until T-L Irrigation Co. has received written notification from me thirty (30) days prior to termination and in such manner as to afford T-L Irrigation Co. a reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed by T-L Irrigation Co. prior to receipt of notice of termination.

I further authorize T-L Irrigation Co. to initiate such debit entries to said account as may be necessary to correct any erroneous credit entries previously initiated thereto. I authorize the bank to accept and to credit or debit the amount of such entries to my account. I shall, within fifteen (15) calendar days following the date on which the bank sent to me, a statement of account or a written notice pertaining to such entry, have sent to the bank a written notice identifying such entry stating that such entry was in error and requesting the bank to reverse the amount thereof to such account.

I have the right to stop payments of any entry by notification to bank prior to posting the account.

The undersigned hereby agrees that all entries initiated hereunder are to be governed in all respects by the Rules of the Mid-America Payment Exchange as now or hereafter in effect and agrees to be bound thereby.

DATE: _____ SIGNED: _____

PLEASE ATTACH A VOIDED CHECK FROM YOUR CHECKING ACCOUNT OR A DEPOSIT SLIP FROM

YOUR SAVINGS ACCOUNT