

EXHIBIT 1

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

CHECK ONE:

<input type="checkbox"/> ADD (New Preauthorized Debit Participant)	<input type="checkbox"/> CHANGE (Financial Institution and/or Account #)	<input type="checkbox"/> DELETE (Cancel Participation in the Program)
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NOTE: Due to the time required for company and bank processing, please allow one or two weeks for processing.

I (we) hereby authorize _____
hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

DEPOSITORY FINANCIAL INSTITUTION		BRANCH	
CITY	STATE	ZIP CODE	

TRANSIT ROUTING NUMBERS

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ACCOUNT NUMBER INFORMATION

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CHECKING

SAVINGS

This authority 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. Please attach a voided check or deposit slip for account validation.

NAME/BUSINESS NAME (if applicable) – Please Print		
ADDRESS	CITY/STATE	ZIP CODE
SIGNED		DATE

THIS FORM IS TO BE RETAINED BY THE COMPANY AS A MATTER OF RECORD