



AUTOMATIC WITHDRAWAL AUTHORIZATION AGREEMENT

I hereby authorize Putnam Heritage to initiate debits to my (our) account or accounts listed below:

Financial institution's name: _____

Bank transit/ABA number: _____

Account number: _____

Type of account (check one): Checking Savings

Day each month to withdraw: _____

This authority remains in full force until Putnam Heritage receives written notification from me (or us) of its termination in a timely manner as to afford Putnam Heritage and financial institution a reasonable opportunity to act on it.

Name (printed): _____

Resident's name (printed): _____

Signature: _____

Today's date: _____