



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED ELECTRONIC PAYMENTS

CUSTOMER NAME TAXPAYER I.D. NUMBER

CUSTOMER ADDRESS CITY STATE ZIP

CUSTOMER'S ACCOUNTING CONTACTS TELEPHONE

_____(CUSTOMER) does hereby authorize HCI DISTRIBUTION COMPANY to initiate debits or credit entries to Customer's asset account indicated below, subject to daily limitation, if any, and does further authorize the financial institution, named below, to debit or credit such entries to the Customer's account.

DEPOSITORY'S NAME (BANK) BRANCH

BANK ADDRESS CITY STATE ZIP

TRANSIT ROUTING OR ABA NUMBER ACCOUNT NUMBER

BANK CONTACT TELEPHONE DAILY LIMITATION

This authority shall remain in effect until terminated upon fifteen (15) days written notice by either the Customer or HCI DISTRIBUTION CO. Notice of termination shall in no way affect entries initiated prior to actual receipt of notice.

AUTHORIZED as of the _____ day of _____, 20____

HCI DISTRIBUTION COMPANY CUSTOMER

BY: _____ BY: _____