I authorize	Powers Auction Service	
	(COMPANY NAME)	
you in writing to cancel it in s	ring/savings account. This authority wuch time as to afford the company a rany entry by notifying my financial ins	reasonable opportunity to act
(NAME OF FINANCIAL INSTITUT	ION)	(BRANCH)
(CITY)	(STATE)	(ZIP CODE)
(SIGNATURE)		
	(NAME – PLEASE PRINT)	
	(ADDRESS - PLEASE PRINT)	
Account No.		
	(between these symbols : : on RETAIN FOR YOUR RECORDS	,
On	I authorized	
(DATE)	Powers Auction Service	
(COMPANY NAME & DEPT.)		
	.0 E Murray Street, Browntown, WI 53	5522
(ADDRESS)		
PHONE (608) 439-5760	_	
	es to my checking/savings acco rization. I may revoke my autho /e,	
Initial payment amount: \$	least 10 days before payment date)	changes we will notify you at the regularly scheduled
Regular payment date		

<u>Please include a picture of your voided check filled out to Powers Auction Service and attach it below.</u> All ACH Agreements and a copy of your voided check need to be sent to powers3760@yahoo.com