



Hawkeye Gold, LLC  
 P.O. Box 2523  
 Ames, IA 50010  
**EFT Authorization Form**

I (we) hereby authorize Hawkeye Gold, LLC hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account / Savings Accounts (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name	Branch	
City	State	Zip
Routing Number	Account Number	
This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination insure time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.		
Name(s)	ID Number	
Date	Signature	
NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS <b>MUST</b> PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.		

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Please attach a voided check or deposit ticket.

Please mark the appropriate box(es) and provide the information below.							
Invoices	Fax	<input type="checkbox"/>	( )	ACH	Fax	<input type="checkbox"/>	( )
	Mail	<input type="checkbox"/>			Mail	<input type="checkbox"/>	
	Email	<input type="checkbox"/>			Email	<input type="checkbox"/>	