



AUTHORIZATION FOR PREAUTHORIZED PAYMENTS

I/We authorize the COMPANY (named below) to initiate debit entries to my/our account at the DEPOSITORY (identified below), for the purpose of accomplishing the following preauthorized payments:

COMPANY NAME: REBEL TOBACCO CO

YOUR COMPANY NAME: _____

YOUR BANK NAME: _____

BRANCH: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING NO.: _____ Please attach a voided check or deposit slip (REQUIRED)

ACCOUNT NO.: _____ Checking Savings _____

My/Our account will remain subject to its individual terms and conditions, which are not modified by this authorization. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law. I/We understand that this authorization will remain in full force and effect until the termination date stated above or until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and the DEPOSITORY a reasonable opportunity to act on it. A \$25.00 fee will be charged should any ACH be returned due to insufficient funds.

NAME(S) (PRINT OR TYPE): _____

TITLE _____

(Signature)

(Date)

(Signature)

(Date)