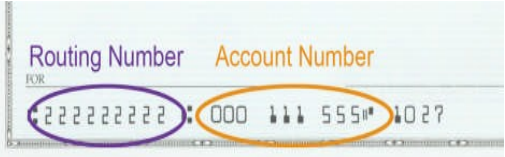




## ACH Authorization Form

The undersigned hereby authorizes Terra Management Services, LLC (“Terra”) to initiate entries to the checking account shown below which is held by us at the financial institution listed below. The foregoing authorization includes the right to initiate adjustments for any transactions previously credited or debited in error. The authority to initiate entries granted herein shall remain in effect for a period of thirty (30) days (and for adjustments sixty (60) days) from the date that Terra receives, at the address shown below, written notice from the undersigned that this authorization has been canceled.

|                        |   |
|------------------------|---|
| Account Type: Checking | <b>PLEASE ATTACH COPY OF VOIDED CHECK</b>   |
| Name on Acct _____     |  |
| Bank Name _____        |   |
| Bank Routing # _____   |   |
| Account Number _____   |   |
| Bank City/State _____  |   |

**Note:** You must provide written notification at least thirty (30) days prior to any changes to your ACH account information.

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_