

EFT AUTHORIZATION

ELECTRONIC FUND TRANSFER AUTHORIZATION

I authorize Lucidi Farms to initiate monthly deductions from my account shown below.

DEPOSITORY INFORMATION (BANK)

Customer Name: _____

Bank Name: _____

Bank Route Code # (9 digits) _____

Bank Account # _____

PLEASE INCLUDE A VOIDED CHECK

ACCOUNT INFORMATION

Once a month beginning on the first day of the month.

I understand this authority is to remain in full force and effect until Lucidi Farms has received written notification from me of its termination in such time and such manner as to afford Lucidi Farms as depositor a reasonable opportunity to act on it. I have the right to stop payment of a debit entry (deduction) by notification to Lucidi Farms three (3) business days or more before this payment is scheduled to be made.

Signature of Depositor _____ Date _____