

AUTHORIZATION AGREEMENT FOR AUTOMATIC BILLING

I (We) hereby authorize Cooke Cameron Travis & Company, on behalf of Hanover Association, Inc., hereinafter called COMPANY, to initiate debit entries to my (our)

Checking Savings *(Select one)*

account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to debit the same to such account.

<i>FINANCIAL INSTITUTION NAME</i>	<i>CITY</i>	<i>STATE</i>	<i>ZIP CODE</i>
<i>ROUTING NUMBER</i>	<i>ACCOUNT NUMBER</i>		

Please attach a voided check on the above account in order that we may verify the numbers provided above.

This authority is to remain in full force and effect until COMPANY has received **written** notification from me (or either of us) of its termination in such time and in such manner as to allow COMPANY and DEPOSITORY a reasonable opportunity to act on it.

<i>NAME(S) ON ACCOUNT (PLEASE PRINT)</i>	<i>CUSTOMER I.D. NUMBER</i>	
<i>DATE</i>	<i>SIGNATURE</i>	<i>SIGNATURE</i>