# DEBIT AUTHORIZATION FORM

I hereby authorize ASTRO-PHYSICS INC. to initiate DEBIT/CREDIT entry/entries to my (our) checking/savings account at the Financial Institution indicated below, and initiate adjustments (if necessary) for any transactions credited/debited in error.  This authority will remain in effect until ASTRO-PHYSICS INC. is notified by me in writing to cancel it in such time as to afford ASTRO-PHYSICS INC. and BLACKHAWK BANK a reasonable opportunity to act on it.

Name of Financial Institution:  _____

Location (City & State):  _____

Financial Institution's Routing Transit Number:  _____

(Found between symbols "|: |:" on your check.)

Account Number: _____         (Please circle one)   CHECKING     SAVINGS

To be debited no earlier than _____ (date)

Please select one of the following:      \_\_\_\_ One-time Amount $_____

\_\_\_\_ Amount needed to fulfill deposit, full or final payment.

Signature:  _____     Date:  \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name as on account (printed):  _____

Your street address on file with the bank where account is held:  _____

_____

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