

DIRECT DEBIT AUTHORIZATION



**Shamrock
Group**
Since 1945

DIRECT DEBIT AUTHORIZATION

Please fill out and return to

I authorize Shamrock Group to initiate direct debit entries, and if necessary, credit adjustments for any debit entries in error each month to my:

Checking Account

Savings Account

This authority will remain in effect until canceled in writing.

ORGANIZATION NAME

FINANCIAL INSTITUTION NAME

FINANCIAL INSTITUTION CITY AND STATE

TRANSIT ROUTING NUMBER
(From bottom of check)

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ACCOUNT NUMBER
(From bottom of check)

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Please attach a voided check.

SIGNATURE

DATE

Please complete and return with a voided check to:

**Shamrock Group
Attn: Lee Haugen
2900 Fifth Ave. S.
Minneapolis, MN 55408**