

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS ACH CREDITS**

Company Name:                      High Bridge Associates, Inc.                      Work Management, Inc.  
   3260 Pointe Parkway, Suite 200                      3260 Pointe Parkway Suite 200  
   Norcross, GA 30092                                      Norcross, GA 30092

I (WE) hereby authorize the above named company, hereinafter referred to as the Originator, to initiate credit entries to the account indicated below, ant to initiate corrective reversal entries (debits) to the account indicated below in the event any credit entries are originated in error.

Name of Depository Financial Institution: \_\_\_\_\_

Location of Depository Financial Institution:

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Transit/ABA Number \_\_\_\_ \_ (nine digits)

Account Number \_\_\_\_\_

This authority is to remain in effect until the Originator has received my/our written notification of its termination in such time and in such manner as to afford the Originator a reasonable opportunity to act upon it.

NAME(S) \_\_\_\_\_ Social Security No. \_\_\_\_\_

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

SIGNED \_\_\_\_\_

**AFFIX VOIDED OR CANCELLED CHECK BELOW**