



DEBIT AUTHORIZATION FORM

I(we) _____ hereby authorize Prairie Rivers Network to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Prairie Rives Network is notified by me (us) in writing to cancel it in such time as to afford Prairie Rivers Network and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

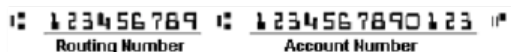
(Address of Financial Institution - Branch, City, State & Zip)

Financial Institution Routing Number: _____

Account Number: _____

Type of Account: ____ Checking ____ Savings

These numbers are located on the bottom of your check as follows:



Amount Per Transaction: _____ Frequency: _____

Signature: _____ Date: _____

Please include a VOIDED CHECK and mail to:

**Prairie Rivers Network
1605 S State Street, Suite 1
Champaign, IL 61820**