AUTHORIZATION AGREEMENT DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize <u>Upper Valley</u>	Flying Club, Inc.,	hereinafter
called <u>UVFC</u> , to debit entries to my (our)	account indicated	below and the
financial institution named below, herein	after called	
to debit the same to such account.		
(Financial Institution Name)		Branch)
(Address)	(City/State)	(Zip)
(21442 000)	(010]/20000/	(==P)
(Routing Number) (Account Number)	ee of Acct:Chec	cking Savings
This authority is to remain in full	force and effect t	until UVFC has
received written notification from me (or	either of us) of	its termination in
such time and manner as to afford UVFC an	.d	a
reasonable opportunity to act on it.		
(Print Individual Name)		
	(Sign	nature)
	(Date)	

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!