BANK DRAFT AUTHORIZATION

Company Name	Company ID	Number
I (we) hereby authorize Cardinal Bakery Inc (our) Checking Account indicated below, at debit the same from such account. I (we) I have (or either of us) cancelled it in wri (our) account must comply with the prov	the depository Financial Instacknowledge that the authiting and that the origination	stitution named below, and to nority will remain in effect until
Name (as it appears on account)		
Financial Institution	Branch	
City	State	Zip
Routing	Account	
Number	Number	
This authorization is to remain in full force a from me (or either of us) of its termination in Financial Institution a reasonable opportunity	n such time, and in such man y to act on it.	
Name of Authorized signer (s)		
	(Please Print)	
Date	Signature	***************************************

****** PLEASE ATTACH VOIDED CHECK **********