AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

Double T Investments

I hereby authorize Double T. Investments, hereinafter; called COMPANY, to initiate credit entries (and correcting debit entries) to my (__) Checking (__) Savings _____the payee (Individual or Agency) indicated below, at the depository financial institution named below, hereinafter; called DEPOSITORY, and to credit (or correcting debit) the same to such account.

_____

Payee (Individual/Agency)

_____

Bank or Credit Union Name

_____ _____ _____

City State Zip

Routing Number : _____

Account Number: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from Payee of its termination at such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act upon it.

My Name: _____

Signature Date: _____

CANCELLATION SECTION:

I hereby notify Double T. Investments - to cancel the transaction described above.

My Name: _____

Signature Date: _____