



CREDIT/DEBIT AUTHORIZATION FORM

I/We hereby authorize Pizza Pro, Inc. to initiate entries to/from my checking/savings accounts at the financial institution listed below and if necessary, initiate adjustments for any transactions credited or debited in error. This authority will remain in effect throughout my tenure as a Pizza Pro Franchise. This authorization is for the purpose of deducting my weekly royalty payment. Pizza Pro, Inc. will be notified of any changes I/We plan to make to our account that will affect this agreement. Pizza Pro, Inc. will be notified within such time as to afford them a reasonable opportunity to act on any change.

Name of Financial Institution

Bank Phone Number

Address of Financial Institution

Signature

Date

Name As It Appears on Account - Please Print

Store Name

Store/Office Phone Number

Address - Please Print

Amount of Monthly Deduction

Checking_____ Savings_____

Account Number

Bank Routing Number