

Authorization To Effect Electronic Funds Transfers

I hereby authorize Little Havana Activities & Nutrition Centers of Dade County, Inc. (hereinafter referred to as the "company") to use the Cash Management system that the company accesses through its bank account maintained at Ocean Bank to electronically send requests for funds transfers through the Automated Clearing House to my account at:

Bank Name: _____

Bank ABA No.: _____

Account Title: _____

Account No.: _____

I hereby agree and acknowledge that this authorization gives the company direct access to transfer funds to my account referenced above. Any attempt to revoke this authorization shall be between myself and the company, with written notice to Ocean Bank which notice shall be effective 24 (twenty four) hours after actual receipt by Ocean Bank. I hereby acknowledge and agree that Ocean Bank has no control over said revocation and accordingly has no liability whatsoever regarding said revocation or transfers that may occur from my account at any time.

The undersigned hereby indemnifies and holds Ocean Bank harmless from any claims, demands, causes of action, liabilities, damages, judgments, including the cost of defending or appealing any action against Ocean Bank, together with attorney's fees incurred therewith in connection with Ocean Bank's recognition of this authorization to be delivered to the Ocean Bank. Further, I agree and acknowledge with Ocean Bank that Ocean Bank shall have no liability or responsibility to inquire into the propriety of any funds transfers affected pursuant to this authorization.

Date: _____

Signature: _____

Checking

Print Name: _____

Savings

Tax Identification No.: _____

Address: _____

City: _____

State/Zip Code: _____

Attach Voided Check Here