

LETTER OF AUTHORIZATION TO PAY THIRD PARTIES ON BEHALF OF BANK CUSTOMERS



511 Fifth Avenue
New York, NY 10017-4997

DATE: _____
REF: _____
ACCOUNT TITLE: _____
ACCOUNT NUMBER: _____

Gentlemen:

I/WE HEREBY AUTHORIZE ISRAEL DISCOUNT BANK OF NEW YORK TO CHARGE/DEBIT THE ACCOUNT REFERENCED ABOVE AND REMIT PAYMENT AS SPECIFIED BELOW TO THE FOLLOWING:

NAME: _____ PHONE () _____
ADDRESS: _____
CITY AND STATE _____ ZIP CODE _____

A. \$ _____ automatically and continuously on the _____ day of each
 month year _____

Select
A or B

••••• OR •••••

B. the amount specified in statements presented to your Bank, upon the presentation of such statements,

TO BE EFFECTED BY:

first class mail air mail cable or telex or interbank transfer
commencing on _____, until terminated by any one of the undersigned upon thirty (30) days written notice actually received by your Bank or upon thirty (30) days notice sent by your Bank to any one of the undersigned to the address appearing on your records.

Such remittance shall take the form of an Official Check or money transfer through banking or postal channels. It is understood that the issuance or mailing by your Bank of the requested remittance through those channels, to correspondent banks or directly to payee, will constitute full and complete compliance with the foregoing request and instructions.

It is also understood that your Bank shall not be expected nor obligated to issue a check or make any payment against insufficient or uncollected funds; and I/we agree to maintain sufficient collected balances in the above account to enable you to make these payments.

Furthermore, the undersigned fully understand(s) that the possibility of error, oversight, inadvertence or double payment may occur in such remittances or transfers and that it might not always be possible for the Bank to carry out such remittances or transfers on the dates specified. I/we also understand that the Bank is unable to determine the accuracy and validity of any statements presented.

Therefore, I/we hereby agree that I/we shall indemnify and save your Bank harmless from and against any and all liability which may arise or result therefrom to you, by virtue of claims from either third parties or the undersigned and I/we will do so regardless of any offsets, counterclaims, or other defenses thereto, which I/we might have or be entitled to assert and which are hereby waived. Moreover, any discrepancies appearing on the statements presented will be settled directly by me/us with the payees.

Furthermore, Israel Discount Bank of New York is hereby authorized to pay the amount shown on the statements without question, up to a maximum amount above specified and without any responsibility or liability to any holder of the account involved for any error or omission or to investigate or inquire in any way whatsoever concerning the accuracy or validity of any such statements.

This service is requested for my/our benefit for which your Bank shall receive a minimum of Fifteen Dollars (\$15.00) per transaction, or such higher sum as you may designate from time to time, according to your applicable rates, subject to change without prior notice, plus any mailing or cable expenses, (if applicable) and such amount may be charged to the above referenced account or, in the event the balance is insufficient, to any other account of any of the undersigned maintained with your Bank.

ADDRESS

CITY STATE OR COUNTRY

AREA CODE () TELEPHONE

