



AUTHORIZATION TO DEBIT BANK ACCOUNT

Financial Institution Information

Bank Name

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Routing Number¹

Account Number²

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Account Owner Name

Social Security Number

Birth Date

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Address (as it appears on check)

City

State

Zip

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Amount of Debit

Date of Debit

\$	On or after the _____ day of each month until further notice
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Customer Name

Customer Dedicated Account Number

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I hereby authorize Global Client Solutions, LLC ("Global") to initiate debit entries to my ☐ **checking** or ☐ **savings** account at the financial institution named above (my "Primary Bank Account"), in the amount(s) and on or after the date(s) set forth above, and to debit the same to my Primary Bank Account for the purpose of transferring funds to Customer's Dedicated Account. I represent that my Primary Bank Account exists; that I own it; and that I will maintain sufficient funds in it to permit the debits to clear on the applicable dates. I understand that I may incur a charge as set forth in the Schedule of Fees and Charges on my Dedicated Account Application if any attempted debit is not immediately honored when presented; and that the financial institution providing my Primary Bank Account may also assess a charge if this occurs. In addition, I understand that I may subsequently designate another account for this purpose by contacting Global customer service and submitting another Authorization to Debit Bank Account; that I may also change the corresponding amounts and dates from time to time in that manner; and that the representations I made above about My Primary Bank Account will apply to any other account that I designate.

This authorization shall remain in full force and effect until I give a written termination notice to Global that affords it a reasonable period of time to act on it. Any such notice, and any other written notice that is provided for in this Application or the Agreement, shall be sent to Global customer service at the address set forth in the Agreement. In addition, I understand that Global may terminate this authorization by providing me with a written notice at least ten (10) days prior to the actual termination.

If you have any questions about anything regarding this Authorization please contact Global Customer Service immediately.

Authorizing Signature

Date

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Contact Global Customer Service -- toll-free at: (800) 398-7191 • by email at: customersupport@globalclientsolutions.com • by fax at: (866) 355-8228 or by mail at: Global Client Solutions, LLC 4500 S. 129th E. Avenue, Suite 175, Tulsa, Oklahoma 74134.

¹ Routing Number is the 9-digit number that appears in bottom left-hand corner of your check.

² Account Number is to the right of the Routing Number and after the check number shown on the bottom of your check.