

## Unitedstars International Inc. Check Draft Authorization Form

Date: \_\_\_\_/\_\_\_\_/2009

Travel Consultant: \_\_\_\_\_

I, \_\_\_\_\_, authorize Unitedstars International Inc. to initiate funds from the checking  
Client Name  
account indicated below. I also authorize my depository financial institution to honor these transfers.

Please Check Box (required)

This authorization is valid for this transaction only.

The transaction amount will be \$ \_\_\_\_\_. (transaction amount required)

Passengers' Names:

乘客姓名: \_\_\_\_\_

Client Contact Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Home Address \_\_\_\_\_

I have read and agree to all of the terms and conditions on this page and any other contract or document that accompanies this agreement. I certify that I am the authorized account holder for this checking account. I understand this is a binding agreement and I will receive a copy of each check draft in my statement when the item has cleared.

I understand this is a legal binding agreement between USI International Inc. and, \_\_\_\_\_.  
Client Name

I understand that all returned checks are subject to a \$35.00 NSF Fee. This agreement will remain in effect until I, \_\_\_\_\_, receive USI International Inc. written notice of cancellation via fax or email.  
Client Name

\_\_\_\_\_  
Authorized Accountholder Signature (required)

\_\_\_\_\_  
Date (required)

**Attach Your Check Copy Here (required)**

**Then Fax To 1-225-757-1340**

**OR**

**Email To**

**service@usitrip.com**