ACH AUTHORIZATION (AUTHORIZATION TO DEBIT AND CREDIT ACCOUNT BY ACH)

Customer Name: _		
Contract Number: _		
AND/OR ITS AGENT any credit and/or de authorization provider current and past due shall Company assu	S, SUCCESSORS AND ASSIGNS (bit entries made in error to the acc d herein (this "Authorization") is inten periodic payments, miscellaneous ch ume any liability, if for any reason	tract"), Customer(s) hereby authorize,
BANK NAME:		ABA/ROUTING NUMBER:
BRANCH:		ACCOUNT NAME:
CITY:		BANK PHONE:+++
STATE:	ZIP:	ACCOUNT NUMBER:
(ATTACH A VOIDE	ED CHECK ON THE ABOVE AC	COUNT)
Customer certifies that written notification of notification from Customer hereby act to by Company upocredit entries as aut the Contract by ACI assessed a service	Acco Routi (Verifici information set forth above is tr any termination or change in this Aut omer. Reknowledges and agrees that the fi on the condition that Company will chorized herein. If, for any reason, H debit and credit entries as author fee of fifteen dollars (\$15.00) per	continuation is the middle group of 12 numbers on the bottom of your check. In Number is the group of 9 numbers on the bottom left of your check. In action with your bank is necessary in order not to incur any fees for inaccurate action) The and correct. Customer agrees to give Company not less than twenty (20) days advance thorization, which shall remain in full force and effect until Company has received such written in ancial accommodations and periodic payments under the Contract have been agreed at this Authorization is terminated or suspended or the Company is unable to administer prized herein, Customer agrees that the periodic payments under the Contract may be payment until Company's ability to administer the Contract by ACH debit and credit easonable satisfaction of Company.
Signature:	Χ	Customer Billing Contact Information (if different from information on left):
Print Name:		
Title:		Name:
Date:		Title:
Phone Number:		Phone Number:
E-mail Address:		E-mail Address:

THE PERSON SIGNING ABOVE AFFIRMS THAT HE/SHE IS A DULY AUTHORIZED CORPORATE OFFICER OR OFFICIAL, PARTNER OR PROPRIETOR OF THE ABOVE NAMED CUSTOMER. This document may be executed by facsimile, electronic or original signature and such a copy shall be treated as an original for all purposes.