



AUTOMATED CLEARING HOUSE (ACH) AUTHORIZATION FORM
A VOIDED CHECK MUST BE SUBMITTED ALONG WITH THIS ACH AUTHORIZATION FORM.

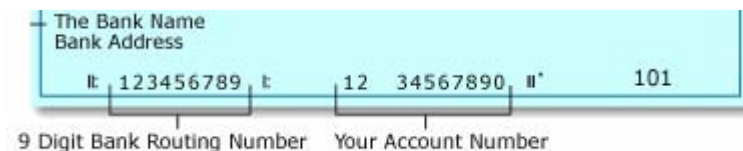
Enterprise Name: _____

As an IDology, Inc. client you agree to a regular billing cycle based on volume which at a minimum is once monthly and a maximum of once weekly. You will receive an invoice for activity within the previous billing cycle and fees for the ExpectID suite of services transacted will be automatically debited via ACH from your business checking account for the previous billing cycle activity.

I (we) hereby authorize IDology, Inc., hereinafter called COMPANY, to initiate debit entries to my (our) **Checking Account / Savings Account** (select one) at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of US law.

DEPOSITORY

Name _____
Branch _____
City _____
State _____ Zip _____



Routing Number _____ Account Number _____

This authorization is to remain in effect until COMPANY has received written notification from me (us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Authorization:

Name(s) _____ Title _____
(Please Print)

Signature _____ Date _____

Attach Voided Business Check