

AUTHORIZATION AND AGREEMENT FOR AUTOMATED CLEARING HOUSE (ACH) DEBITS AND CREDITS

As a duly authorized check signer on the financial institution account identified below, I (we) authorize INTEL COMMUNICATION, INC. to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified below for payments due or when applicable, apply electronic funds transfer credits to the same.

Furthermore, if any such electronic debit(s) should be returned by my (our) financial institution as Non-Sufficient Funds (NSF), I (we) authorize INTEL COMMUNICATION, INC. to collect a returned item fee of \$35.00 per item by electronic debit from my (our) account identified below.

For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution account identified below.

I understand and authorize all of the above as evidenced by my (our) signature below.

Company Name	Name	Signature	Date

Financial Institution account "identifying information":

Enter financial institution account information into the fields provided below and attach a blank VOID check.

Financial institution Name (Bank Name):	Bank Service Representative:	
Street Address:	City/State/Zip:	
Bank Phone Number:	Bank Fax Number:	
ACH Routing/Transit/ABA Number (9 digits)	Account Number	
ACH Kouting/Transit/ADA Number (9 digits)	Account Number	

Example

John Doe	F inancial Institution 510 Money St. Anycity, ST. 00000	00001
123 Street Anycity, ST. 00000	Date	
Pay to the Order of	1	\$
 Memo		_ Dollars
•: xxxx	xxxxx •: 0000 0000	
1	×	
This is the 9 digit Transit / ABA Bank Routing number.	number. Some Fina	er is usually to the right of the Routing Incial Institutions add the check number g and Account numbers