

AUTHORIZATION AGREEMENT FOR
AUTOMATIC DEPOSIT (ACH CREDITS)

DISTRIBUTOR NAME _____ Distributor ID _____

I (we) hereby authorize **SendOutCards**, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) **Checking** account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository (Bank) Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

TRANSIT ABA (Routing) # _____ ACCOUNT # _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. There are no additional fees charged to you for this service.

Name: _____
(As it appears on check, Please Print)

Date: _____

Signed: _____

Signed: _____
(On a joint account both parties must sign)

Please attach voided check from the account to be used.