

Authorization Agreement To Debit Account

I authorize Over The Horizons "OTH" to initiate debit entries and to initiate, if accessory, credit entries and adjustments for any entries in error to my account indicated below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

CUST/MBR Name (Last First MI)

CUST/MBR Home Phone # CUST/MBR Email Address

CUST/MBR Address

Name of Financial Institution/Business

Address of Financial Institution/Business

Checking #: _____ Saving Account #: _____

Bank Routing Number: _____

Tape Voided Check Here
Order Will Not Be Processed Without Voided Check

This authorization will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. By signing this authorization I hereby acknowledge receipt of a copy of this signed authorization.

Name (Print)	Signature:	Date:
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