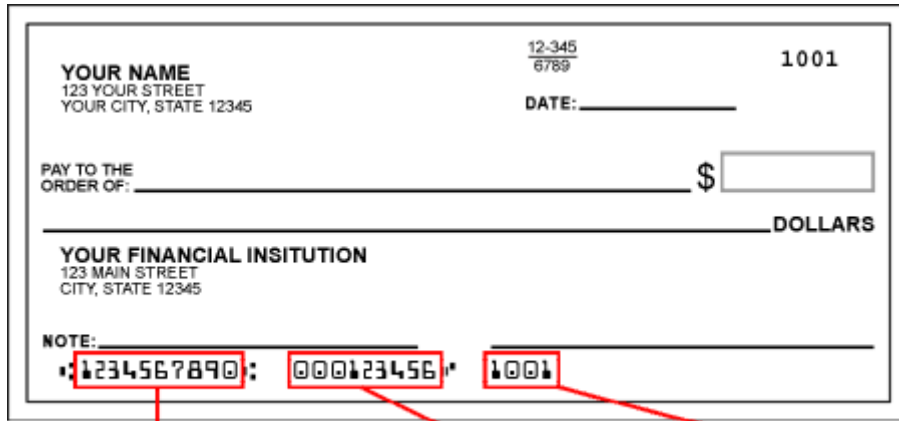


AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

I _____ hereby authorize Credit Card Industry, Inc. to initiate credit/debit entries to my Checking or Savings account selected below at the Financial Institution indicated, to credit/debit such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the United State law. If I do not have enough money in my deposit account to cover the transfer or if my Financial Institution for any other reason refuses to honor a transfer I will separately pay Credit Card Industry, Inc. for the charges I owe under my agreement. NSF and returned items are charged up to \$25 each.

ACH Information		
Financial Institution:		
Branch:		
City:	State:	Zip:
Routing/Transit Number:		
Account/Bank Number:		



Routing Number Account Number Check Number

This authorization is to remain in full force and effective until we have received written notification from you of its termination in such time and in such manner as to afford the Financial Institution and us a reasonable opportunity to act on it. We deem this to be seven (7) days.

Name(s): _____

Signature: _____

Signature: _____

Day Phone: () _____ Evening Phone: () _____

Note: All written credit/debit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Important: Credit Card Industry will appear on your bank statement.

Please fill out this form, attach a voided check and fax, email, or mail it to us.

Credit Card Industry, Inc.
6355 Topanga Cyn Blvd #324
Woodland Hills, CA 91367

Phone – (818) 702-0024 Fax (818) 702-0027 – email – sgivargis@cbsmerchant.com