

Bank Transfer Authorization Form

I authorize Makefield Agency Inc. to electronically debit my bank account according
Business name
to the terms outlined below. I acknowledge that electronic debits against my account must
comply with United States law.

Terms of billing:

- One time on for the amount of \$.
mm/dd/yy
- Starting on and on the of each month through
mm/dd/yy day of the month mm/dd/yy
for the amount of \$.
- Starting on for the amount of \$ and accordingly thereafter per
mm/dd/yy
the terms in invoice(s) .

Customer bank account information:

_____ Routing number _____ Account number

Account type: Checking Savings Consumer Business

This payment authorization is to remain in effect until I, _____, notify
Customer name

Makefield Agency Inc. of its cancellation by giving written notice in enough time for the
Business name

business and receiving financial institution to have a reasonable opportunity to act on it.

_____ Customer signature _____ Customer printed name _____ Date