



205 Suburban Road, San Luis Obispo, CA 93401

Automatic Bank Account Debit Authorization Form

I hereby authorize TekTegrity, Inc. to initiate debit entries to my account indicated below in the amounts equal to each invoice, and I authorize the depository financial institution named below to process said entries. I understand that invoice amounts are variable with each billing period. I elect to be notified of my payment amounts via regular monthly invoicing, to be sent to me via U.S. mail or email. I understand my Services Agreement allows me 15 days to dispute any invoice from recipient of said invoice. Upon notice of dispute of an invoice, if the dispute cannot be resolved at least 2 days prior to the draft date, the automatic debit will be suspended until the dispute is resolved. Debits will be performed 16-20 days from the date of each invoice.

This authority is to remain in full force and effect until TekTegrity, Inc. has received written notification from me of its termination in such matter as to afford TekTegrity, Inc and its own financial institution a reasonable opportunity to act on it, or until my contract with TekTegrity has been terminated.

CLIENT NAME: _____
(as reads on bank account)

Bank Name: _____ City/State: _____

Bank ABA#: _____ Bank Account #: _____

Account Type: Checking Savings Bank Phone #(____) _____

Bank Accountholder's Signature: _____

Printed Name: _____

Date: _____