TekTegrity™
IT STRATEGIES AND MANAGEMENT
205 Suburban Road, San Luis Obispo, CA 93401

Automatic Debit Authorization Form

I authorize TekTegrity, Inc. to initiate electronic debit entries from the bank account indicated below and hereby authorize the financial institution ("BANK") named below to debit entries from my account each month. This authorization shall remain in effect until TekTegrity and BANK have received notification from me of its termination in such time and in such manner as to afford TekTegrity and BANK a reasonable opportunity to act on it, or until my contract with TekTegrity has been terminated.

The required monthly payment may change due to additional agreement workstations or other monthly services as requested by you, the client. If the monthly agreement invoice changes for any reason, this authorization will be automatically amended to authorize the debit of an amount equal to the new monthly payment. The agreement, under "Terms" of Exhibit B of your agreement with TekTegrity, states that you have 15 days to dispute any invoice. Upon notice of dispute of agreement invoices, if the dispute cannot be resolved at least 2 days prior to the draft date selected below, the ACH debit will be suspended for that month and payment will be handled by check or credit card. ACH debit will resume for the following month as scheduled and invoiced. All invoices covered under this authorization will be marked "Scheduled for ACH payment" and will be sent to you via U.S. mail or email, as you specified when services started.

Draft on: (Check one) __ 5th (for invoices dated the 15th of the prior month)
__ 20th (for invoices dated the last day of the prior month)

CLIENT NAME: _____
(as reads on bank account)

Bank Name: _____ City/State: _____

Bank ABA#: _____ Bank Account #: _____

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

Monthly Amount: $_____ Draft to begin on: _____

Bank Accountholder's Signature: _____

Printed Name: _____

Date: _____