

Authorization Agreement for Automatic ACH Payments

I (we) hereby authorize AmeriPower, LLC to initiate debit entries to my bank account as indicated below for payments owed to AmeriPower, LLC. I (we) agree that the Total Amount Due as indicated on my monthly invoice shall be debited on the due date. This authorization is to remain in full force and effect until AmeriPower, LLC receives written notification from me (us) of the termination and has reasonable opportunity to act upon it. In the event that AmeriPower is unable to secure funds from my bank account for any reason, I (we) may be charged a returned check fee and/or insufficient funds fee and further collection action may be undertaken to the full extent provided by law. Cancellation must be provided at least seven (7) days prior to draft date. The cancellation notice should have your name, AmeriPower account number, contact phone number and requested effective date.

This is a change to an existing Authorization

Bank Account Information	
<i>Note: Please attach a VOIDED CHECK</i>	
Effective Date of Change	
Your Bank Name:	
City/State/Zip	
Routing Transit/ABA Number:	
Bank Account Number:	
Name(s) on Account:	
AmeriPower Customer Information:	
AmeriPower Customer Name:	
AmeriPower Account No(s):	

I have completed this form fully and certify that I am authorized to furnish all the information requested. I hereby also confirm that all the information provided is accurate.

Authorized Signature:	Title:
Printed Name:	Date:
Authorized Signature 2 (if joint acct):	Title:
Printed Name:	Date:
Email Address:	Phone No:

Please fill out and fax back to 281-240-0455 or Toll-Free at (877) 335-1080 or email to operations@ameripower.com for further processing. For assistance in filling out this form, please call us at 281-240-0405.

PLEASE INCLUDE A COPY OF VOIDED CHECK

www.AmeriPower.com