



2655 Harrison Ave. SW
Canton, Ohio 44706-3047
Phone: 330-430-6190
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AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

CONSUMER NAME _____

I (we) hereby authorize Airfasco, hereinafter called COMPANY, to initiate debit entries from my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account. I (we) acknowledge that the origination of ACH transactions must comply with the provisions of U.S. law.

DEPOSITORY

NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____

ACCOUNT NO. _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____

(PLEASE PRINT)

DATE _____

SIGNED _____

SIGNED _____