

AUTHORIZATION AGREEMENT FOR AUTOMATIC MONTHLY FINANCIAL ACCOUNT DEBITS Please be sure you complete all 5 steps

STEP 1: Access One Account Information

Company Name:		
Company Address:		
Access One Account Number as shown on invoice		
Main Telephone Number: ()		
STEP 2: Financial Account Information		
Name of Depository Financial Institution (Bank Name	e)	
DFI's (Bank) Routing No.		Checking
	Type of Account	Savings
Bank Acct. No. to Debit	Address (where state	ement is mailed)
	No./Street:	
Name of Authorizing Party (Please Print)		
	City:	
Signature of Authorizing Party		
	State	Zip
hereby authorize Access One, Inc. to make withdrawals of hereinafter referred to as DFI) identified above and authorize Adjusting entries to correct errors are also authorized. I acknowledge the undersigned in effect until written notice of term he undersigned. I acknowledge receipt of a filled in copy of the lebited to the above account unless specified otherwise.	on a monthly basis from the account ize the DFI to accept these debits as knowledge receipt of services from a iles of the National Automated Clearing initiation is given to Access One and co	payments of my Access One involution Access One. It is agreed that these ing House Association (NACHA). Infirmation of such receipt is receipt is receipt in the control of
STEP 4: Authorization Signature(s)		
Signature of Customer(s)*:	Date:	
	Date:	
*The duly authorized representative of the custon signatory on the above referenced financial accounts	ner has signed this agreement	. The representative is also

STEP 5: Mailing/Faxing information. When this form is completed please fax, e-mail or mail to:

Fax number: E-mail Address: Mailing address: 888-744-0512 billing@accessoneinc.com Access One, Inc. -

<u>billing@accessoneinc.com</u>
Access One, Inc. – A R
820 W Jackson, Ste 650 Chicago, IL

60607