

ACH Debit Authorization Agreement

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBITS)

Company Name: Agility Communications and Technology Services Company
(herein referred to as "Company")

Address: **1209 S 4th Street, Springfield, IL 62703**

Company ID Number: **46-1034721**

I (we) hereby authorize Company to initiate debit entries to my (our)

___ Business Checking Account

___ Business Savings Account

___ Personal Checking Account

___ Personal Savings Account

Please debit my (our) account for:

___ One-Time ___ Recurring On-Demand ___ Recurring Auto-Pay

\$_____ Comments:_____

Indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY

Name: _____ Branch: _____

City: _____ State: _____ Zip Code: _____ Ph No: _____

Routing No: _____ Account Number: _____

This authorization 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.

Depositor Name: _____

Signature: _____ Date: _____

Name: _____ Title: _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.