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AUTHORIZATION TO DO AUTOMATIC CHECK DRAFTING

Company Name:  
3-Letter ID:  
Phone Number:  
Name On check:  
Bank Name:

I authorize On-Site Express, Inc. to use automatic check drafting as the method of payment for my services through their company. I realize that no signature is needed on these checks and that if I dispute a charge through my bank that this will constitute a breach of contract and result in immediate deactivation of my reseller ID.

Start-a-ISP Customer. (initial one)

- \_\_\_ - please use Check Drafting for my monthly invoice.
- \_\_\_ - please use Check Drafting only on request.
- \_\_\_ - please use Check Drafting on a one-time basis: Amount = \$\_\_\_\_\_

I have included a blank voided check along with the signed copy of this automatic check authorization form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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INCLUDE PHOTO COPY OF CHECK BELOW THIS LINE  
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