

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize Yooklum Shape Shop, Inc., (Company name) hereinafter called COMPANY, to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits as follows:

at the depository financial institution named below ("Depository"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

(Depository Name)

(city-state)

(Zip)

(routing/transit number) _____ [] Checking account [] Savings account
(account number) (select one)

Amount of debit(s) or method of determining amount of debit(s): _____

Or, specify range of acceptable dollar amounts authorized: _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify Company that I (we) wish to revoke this authorization in the following manner of revocation:

in writing [] by phone [] location _____

[] address 116 East Gonzales, PO Box 307

I (we) understand that Company requires at least 30 [x] days or [] weeks prior notice in order to cancel this authorization.

Name(s) _____

(signature)

(signature)

(date)

(date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM