

SERFAS

Authorization Agreement for ACH Debit
Must be accompanied by voided check

Company Name

PREAUTHORIZED PAYMENTS

I (we) hereby authorize Serfas, Inc., hereinafter called COMPANY, to initiate debit entries into my (our) checking account indicated below and the depository institution named below, hereinafter called DEPOSITORY, to debit the same to such account.

Depository Bank Name:

Name on Account:

City:

State:

Zip Code:

Transit/ABA Number:

Account Number:

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:

Signature:

Date:

Voided Check number:

Name(s) Please print:

Signature:

Date:

Serfas, Inc.
29752 Avenida de las Banderas, Rancho Santa Margarita, CA 92688
800-424-0047
FAX 949-837-4427