

CUSTOMER BANK ACH AUTHORIZATION

I _____ hereby authorize NTInet Inc. to initiate entries to the checking account at THE FINANCIAL INSTITUTION listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until NTInet Inc. is notified in writing to cancel. A copy of voided check must be accompanied with this document for ACH authorization.

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Work/Cell (____) _____

E mail Address _____

BANK ROUTING # _____

ACCOUNT # _____

YOUR BANK NAME _____

These numbers are located on the bottom of your check as follows:

Ⓜ 123456789 Ⓜ 1234567890123 Ⓜ
Routing Number Account Number

Check one or both if applicable: Monthly Recurring Bill (Withdrawn on 1st of Month)
 One-time Charge: Amount \$ _____

In accordance with banking regulation, I understand that any drafts returned for insufficient funds will be electronically debited from my account plus a return fee of \$30.00.

(Signature)

(Date)

ATTACH VOIDED CHECK HERE

A voided check from your checking account must be included in this application
(Do not use a deposit ticket or temporary check)