



30115 US Hwy 281 N
Bulverde, TX 78163
Ph: 877.602.6634 Fax: 877.525.6634

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Account Holder Information:

| | |
|------------------|-----------------------|
| _____ | _____ |
| Business Name | Business Phone Number |
| _____ | _____ |
| Owner Name | Cell Phone Number |
| _____ | _____ |
| Login ID | Email |
| _____ | _____ |
| Business Address | City State Zip |

Account Holder's Bank Information:

| | | | |
|--------------------------------|---------------------|--------------------------------------------|-------|
| _____ | _____ | _____ | _____ |
| Bank Name | City | State | Zip |
| _____ | _____ | <input type="checkbox"/> Business Checking | |
| Bank Routing Number (9 digits) | Bank Account Number | <input type="checkbox"/> Business Savings | |

Service/Products Information:

PLEASE SELECT SOFTWARE

PLEASE SELECT POS SYSTEM

eBooks Plus Back Office
(49.00 Plus Tax Monthly) (39.00 Plus Tax Monthly)

Passport Nucleus Ruby/Sapphire & Topaz

Authorization:

In exchange for products and/or services listed above the undersigned hereby authorizes: Modisoft Inc. to electronically draft via the Automated Clearing House system the amounts indicated above (price is subject to change at any time, with prior notice), from the account identified above. This authority will continue until withdrawn in writing by the undersigned account holder. The undersigned hereby certifies that they are duly authorized to execute this form on behalf of the above listed account holder. I acknowledge that I am subject to a \$25 rejection fee if items are returned for insufficient funds.

| | | |
|-----------------------------|------------------------------|-------|
| _____ | _____ | _____ |
| Signature of Account Holder | Name/Title of Account Holder | Date |

PLEASE ATTACH COPY OF VOIDED CHECK