



**TRACPOINT SYSTEMS, LP
AUTHORIZATION AGREEMENT FOR AUTOMATIC PRE-AUTHORIZED PAYMENTS
(ACH DRAFT OR CREDIT CARD)**

COMPANY NAME "COMPANY" _____

CONTACT NAME _____

PHONE NUMBER _____

COMPANY hereby authorizes TracPoint Systems, LP, hereinafter called TRACPOINT, to initiate debits (pre-authorized drafts or withdrawals) entries or credit card charges, and to initiate, if necessary, correcting credits (automatic deposits) entries and adjustments for debit (withdrawal) entries in error to COMPANY () **Checking** / () **Savings** / () **Credit Card** account (select one) indicated below at the depository named below, hereafter called DEPOSITORY, to credit and/or debit the same to such account.

BANK INFORMATION		
Depository Name:	Branch:	
City:	State:	ZIP:
Transit/ABA No.:	Account No.:	

CREDIT CARD INFORMATION			
Name on Card:	Card Type: Mastercard Visa Discover		
Card Number:	Expiration Date:		
Billing Address:	City:	State:	ZIP:

This authority is to remain in full force and effect until TRACPOINT has received written notification from COMPANY of its termination in such time and in such manner as to afford TRACPOINT and DEPOSITORY a reasonable opportunity to act on it.

AUTHORIZATION INFORMATION	
Date of Drafts/Charges:	Amount of Drafts/Charges: \$:
Frequency of Drafts/Charges: (<input type="checkbox"/>) Monthly (<input type="checkbox"/>) Weekly (<input type="checkbox"/>) Other	
Printed Name:	Taxpayer ID/SSN:
Date:	Signature: