

"The Computer Solutions People"

Phone : 800-275-1353 Fax: 830-476-2487 www.aiminet.com

## e-Check Bank Draft Authorization Agreement

Thank you for your Business. In order to accept checks for electronic drafting, the following agreement must be signed and secure faxed to AIM Services, Inc. at **830-476-2487**, as your payment approval to our charges for products and services purchased from AIM.

Please complete Section A and Section B. . If you have any questions, please contact us at 1-800-275-1353.

## SECTION A: Required Purchaser / Ship To: Information

Contact Name: Email:	Business Name:		
Street Address:			
City, State, Zip: Fax#: Fax#: Phone #: Fax#: SECTION B: Required Purchaser e-Check processing Authorization Information One-time payment authorization for: End Date: Recurring service payment—Begin date: End Date: For any subsequent purchases of product or services placed by customer and invoiced by AIM Services, Inc Fouring # Account # Check # TRANSIT SYMBOL ON US SYMBOL **** Please fax a voided check copy with this agreement Routing # Account # Check # Bank Address:	Contact Name:		Email:
Phone #: Fax#:	Street Address:		
SECTION B: Required Purchaser e-Check processing Authorization Information            One-time payment authorization for:	City, State, Zip:		
<ul> <li>□ One-time payment authorization for: End Date: End Date:</li> <li>□ Recurring service payment—Begin date: End Date:</li> <li>□ For any subsequent purchases of product or services placed by customer and invoiced by AIM Services, Inc</li> <li>↓ Routing # ↓ Account # ↓ Check # ↓</li> <li>↓ Item Place fax a voided check copy with this agreement</li> <li>Routing # ON US SYMBOL</li> <li>*** Please fax a voided check copy with this agreement</li> <li>Routing # Check #</li> <li>Bank Name:</li> </ul>	Phone #:	Fax#:	
□ Recurring service payment—Begin date: End Date: □ For any subsequent purchases of product or services placed by customer and invoiced by AIM Services, Inc ↓ Routing # ↓ Account # ↓ Check # ↓ (300 1231.5 £ ?): 98 ? £ 51.3 ? 1 * 0 10 1 ↓ TRANSIT SYMBOL ON US SYMBOL **** Please fax a voided check copy with this agreement Routing # Account # Check # Bank Name: Bank Address:		-	
□ For any subsequent purchases of product or services placed by customer and invoiced by AIM Services, Inc	□ One-time payment authorization for:		
Routing # Account # Check # (9 digke) ACCOUNT # Check # I:0012315557: 987651321: 0101 TRANSIT SYMBOL ON US SYMBOL *** Please fax a voided check copy with this agreement Routing # Account # Check # Bank Name: Bank Address:	□ Recurring service payment—Begin date:		End Date:
I:OO I 23L 5 E 7: 98 7 E 5L 1 2 I O 10 I         TRANSIT SYMBOL       ON US SYMBOL         *** Please fax a voided check copy with this agreement         Routing #       Account #         Bank Name:	□ For any subsequent purchases of product or	r services placed by custom	er and invoiced by AIM Services, Inc
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Routing # Account # Check #         Bank Name:         Bank Address:	1:0012315671: 9876511231 O	101	
Bank Name:Bank Address:	TRANSIT SYMBOL ON US SYMBOL	*** Please fax a void	ded check copy with this agreement
Bank Address:	Routing #	Account #	Check #
	Bank Name:		

I have read and agree to all of the terms and conditions on this page and any other documents that accompanies this agreement. I certify that am the authorized account holder for this checking account. I understand this is a binding agreement and I will receive a copy of each e-Check draft in my statement when the item has cleared.

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EQUIRED