



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 866-829-1010, 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

Business Name: _____

Contact Name: _____ Email: _____

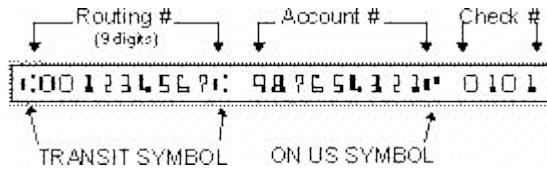
Street Address: _____

City, State, Zip: _____

Phone #: _____ Fax#: _____

SECTION B: Required Purchaser e-Check processing Authorization Information

- One-time payment authorization for: _____
Recurring service payment—Begin date: _____ End Date: _____
For any subsequent purchases of product or services placed by customer and invoiced by AIM Services, Inc..



*** Please fax a voided check copy with this agreement

Routing # _____ Account # _____ Check # _____

Bank Name: _____

Bank Address: _____

I hereby authorize AIM Services, Inc. to electronically draft the bank account listed above for products and services purchased from AIM.

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.

Signature _____

Date _____

REQUIRED

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