

**CUSTOMER AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS
[ACH CREDITS & DEBITS]**

BUSINESS NAME CCS Software/SecureChecks ID NUMBER NAD 700

I (we) hereby authorize the Company named above ("COMPANY"), to initiate debit and credit entries to my (our)

Checking or Savings account (select one)

indicated below and the depository named below, hereinafter "DEPOSITORY", to debit or credit the same to such account. I further authorize the Company to debit said account for such amount allowed by law in the event a debit entry is rejected by the Depository.

BANK NAME _____ BRANCH _____
CITY _____ STATE _____ ZIP _____
ROUTING NUMBER. _____ ACCOUNT NO. _____

ATTACH A COPY OF A VOIDED CHECK FOR THE INDICATED ACCOUNT TO THIS FORM.

I authorize SecureChecks/CCS Software to debit my account in the amount of \$ _____ on _____ for order # _____.

Please use this authorization for any future orders that I place with Secure Checks/CCS Software.

COMPANY NAME _____

DATE _____ SIGNATURE(S) _____

Please Print Signature Name Here _____

Phone Number _____

Distribution: Please retain a copy of this form for your records.

Please fax the completed form to SecureChecks/CCS Software at 325.625.3774.