



CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

Direct payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) authorize PROTOTEK to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Checking Account / Savings Account (check one) at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name _____

Routing Number _____ Account Number _____

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amounts authorized]: _____

Date(s) and/or frequency of debit(s): _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify PROTOTEK via email that I (we) wish to revoke this authorization. I (we) understand that PROTOTEK required at least [X days/weeks] prior notice in order to cancel this authorization.

Name(s) _____

Date _____ Signature _____

Please print and fill out completely. Fax to (603) 746-2002 (OR) email to dsullivan@prototek.com