

E Check Authorization for Gumsaba

Account Holder Name: _____

I authorize Gumsaba to initiate either an electronic debit or create and process a demand draft against my bank account according to the terms outlined below.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of United States law.

TERMS OF BILLING:

After initial payment, all payments are processed on the first of the month. There is no cancellation fee, however we need to know at 24 hours before the first of the month should you decide to cancel. If we are not given this notice, a \$25 fee will be processed for any returns.

BANK INFORMATION:

Bank Routing Number: _____

Bank Account Number: _____

Bank Name: _____

Bank Account Type: _____

Account Holder Signature: _____

Account Holder Printed Name: _____

Date: ____/____/____