

AUTHORIZATON AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

I, hereby authorize G3 Enterprises Inc, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary debit entries and adjustments for any credit entries in error to my checking account indicated below and the depository named below, herein after called DEPOSITORY, to credit and/or debit the same to such account.

Depository Name	Branch		
Depository Address	City	State	Zip Code
Transit / ABA Number	Account Number		

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Please Print Company Name	Tax ID number
E-mail address for electronic remittance	Date
Signature (Authorized Company Rep)	Print (Authorized Company Rep)

Please note: Signature must be an actual wet signature OR Adobe certified signature. Computer generated signatures will not be accepted.

It is extremely important that you notify the COMPANY immediately in writing if you wish to revoke this authorization or if you change your bank and/or account information.

**Email this completed form and any future notifications to
AccountsPayable@G3Enterprises.com.**

AB # (for office use only) _____