

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Company Name _____

I hereby authorize On-Line Systems Inc., hereinafter called OSI, to initiate credit and, if necessary, debit entries and adjustments for any credit entries in error to our:

- Checking Account
- Savings Account

indicated below, at the depository Financial Institution named below, and to credit or debit the same from such account. I acknowledge that the authority will remain in effect until it has been cancelled in writing and that the origination of ACH transactions to the account must comply with the provisions of U.S. law.

I acknowledge that OSI is not responsible for any bank fees related to expenditures made before an actual ACH deposit is in our account and that it is our responsibility to verify that the funds are in our account before expending them.

Financial Institution _____	Branch _____
City _____	State _____ Zip _____
Routing Number _____	Account Number _____

This authorization is to remain in full force and effect until OSI has received written notification of its termination in such time, and in such manner as to afford OSI and Financial Institution a reasonable opportunity to act on it.

Signature: _____

Name: _____

Title: _____

Date: _____