

DIRECT DEBIT AUTHORIZATION FORM

TRANSACTION REQUESTING:

- ___ One time deposit transaction in the amount of \$ _____. (attach filled out/signed faxed check)
- ___ Recurring monthly payment plan (attach voided/blank check)
- ___ Change of bank account information (complete and sign the Authorization Section. Attach a voided check for the NEW account)
- ___ Cancel participation (complete and sign the Cancellation Section of this form)

AUTHORIZATION SECTION

BUSINESS NAME (as it appears on your bank statement)	Contact Name
	Contact Position
ADDRESS	Phone
	Fax

The customer identified above ("Customer") authorizes EBSCO Sign Group, LLC, ("EBSCO") d/b/a Stewart Signs ("Stewart Signs") to initiate scheduled recurring / one time electronic fund transfers from Customer's bank account identified herein for payments due from time to time for products and services provided by Stewart Signs. Customer understands that it may at any time, by written notice delivered by certified mail to Stewart Signs, request that electronic transfers from the bank account identified pursuant to this authorization be discontinued, and that Stewart Signs will not initiate further electronic transfers from this account after EBSCO has received written notice and has had a reasonable period of time in which to act upon it. The written notice of change/cancellation must be received at least thirty (30) days prior to the date the cancellation is to take effect. (This is an addition to Customer's rights to stop payment by directly contacting the financial institution for the bank account listed herein.)

Customer hereby irrevocably covenants, promises and agrees to indemnify and hold Stewart Signs and its affiliates, officers, directors, agents, employees and shareholders harmless from and against any and all losses, claims, expenses, suits, damages or liabilities of any kind which Stewart Signs may sustain or to which Stewart Signs may become subject arising out of or relating in any way to the use of this Authorization, including all claims or liabilities of any kind with respect to bank charges and fees customer may receive in error or otherwise, and including in each case reasonable attorneys' fees, costs and expenses incurred in defending against or enforcing any such losses, claims, expenses, suits, damages or liabilities.

By signing this form, I hereby certify that I have authority on behalf of Customer to authorize this transaction and, that Customer hereby releases EBSCO Sign Group LLC, d/b/a Stewart Signs from all liability stemming from the validity, correctness or genuineness of the information I have provided herein. I further acknowledge that I have received a copy of this authorization on behalf of Customer.

FINANCIAL INSTITUTION	ROUTING/ABA #
BRANCH	ACCOUNT #
CITY/STATE/ZIP	Please attach check.

AUTHORIZING SIGNATURE: _____ **Date Signed:** _____

CANCELLATION SECTION

I hereby cancel the Authorization for Stewart Signs to originate direct debit funds transfers from the bank account listed above, effective _____. I understand that this written notice of change/cancellation must be received by Stewart Signs at least thirty (30) days prior to the effective date of cancellation, and that I must allow Stewart Signs a reasonable opportunity to act on this cancellation/change.

AUTHORIZING SIGNATURE: _____ **Date Signed:** _____

Please mail this form with check or fax to: (941-378-2765)