



MOON SECURITY SERVICES, INC.

515 West Clark - Pasco, WA 99301

(509) 545-1881 - 1 (800) 722-1070 - Fax (509) 545-4585

E-Mail: dataentry@moonsecurity.com

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS AUTOMATIC CLEARING HOUSE (ACH) DEBITS/CREDITS

MOON SECURITY SERVICES, INC.
PO BOX DRAWER B
PASCO, WA 99301

I (we) hereby authorize MOON SECURITY SERVICES, INC., to initiate debit and credit entries to my (our) Checking Acct. Savings Acct. (select one) indicated below at the depository financial institution named below, and to debit and credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law. Please enclose a **voided check** with this form. This is required to complete the ACH process.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This account is to be debited and credited starting ____/____/____ in the amount of \$ _____ each

Month Quarter Semi-Annual Annual

This authorization is to remain in full force and effect until Moon Security Services, Inc., has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Moon Security Services, Inc., and the Depository institution a reasonable opportunity to act on it.

Account #:

Name _____ SSN _____
(Please Print)

Signature: _____ Date: _____

Name _____ SSN _____
(Please Print)

Signature: _____ Date: _____

Note: Written debit authorization MUST provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.