



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Customer Name _____ Account Number _____

I (we) hereby authorize Litestream Holdings, LLC, hereinafter called COMPANY, to initiate debit Entries, for the monthly services received from COMPANY, to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY (Bank) Name _____ Branch _____

City _____ State _____ Zip _____

DEPOSITORY Account Number (available from your bank) _____

DEPOSITORY Routing Account Number (available from your bank) _____

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

Name(s) _____
(Please Print)

Date _____

Signature _____

Signature _____

Mail completed form to:

**Litestream
6204 Janes Lane
Naples, Fl. 34109**