

DIRECT PAYMENT VIA ACH AUTHORIZATION FOR DIRECT PAYMENT VIA ACH

Direct Payment via ACH is the transfer of funds from an account for the purpose of making a payment.

I (we) authorize _____ (“Company”) to electronically charge my (our) account (and, if necessary, electronically deposit to my (our) account to correct erogenous funds) as follows:

Checking Account / Savings Account (select one) at the depository financial institution named below (“DEPOSITORY”). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name: _____

Routing Number: _____ Account Number: _____

Amount of debit(s) or method of determining amount of debit(s) or specify range of acceptable dollar amounts authorized: _____

Date(s) and/or frequency of debit(s): _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify Evolution Networks, LLC in writing to: Evolution Networks, LLC 18503 Pines Blvd., Suite 211, Pembroke Pines, FL 33029 that I (we) wish to revoke this authorization. I (we) understand that Evolution Networks, LLC requires at least two weeks prior notice in order to cancel this authorization.

Name (print): _____

Authorized Signature: _____

Date: _____

Credit Card Authorization Form

CARDHOLDER INFORMATION

Company: _____

Name: _____

Billing Street Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____ Email _____

Address: _____

Direct Telephone: (____) _____ - _____

I authorize a one-time charge against my credit card for the follow amount \$ _____

I authorize a recurring charge against my credit card for the following amount

\$ _____ once every _____ day(s)/week(s)/month(s)/year(s) beginning

_____/_____/_____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature X _____ Date __/__/__

Security Code: _____