

Credit Authorization

I (we) hereby authorize AKRS EQUIPMENT hereinafter called COMPANY, to initiate credit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account for _____

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name Branch

Address City/State

Routing Number

Account Number

Type of Acct: Checking Savings

This authority 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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Please provide an email address for payment notification:

Email address

Printed Individual Name

Signature

Printed Individual ID Number

Date

PLEASE ATTACH A VOIDED CHECK TO THIS FORM.