

Rosemark Customer Authorization for Automated Debit Entries.

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME _____

I (we) hereby authorize Shoshana Technologies (hereinafter called Shoshana), to initiate debit entries to my (our) [] Checking [] Savings account (select one) indicated below and the depository named below, hereinafter called BANK, to debit same to such account.

BANK NAME _____

CITY _____ STATE _____ ZIP _____

ROUTING TRANSIT/ABA NO. _____ - _____ - _____

ACCOUNT NO. _____

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

NAME(S) _____ DATE: _____

SIGNED _____