

Please fill in all information accurately and attach a **voided check** before submitting.

Authorization Agreement for ACH Debit/Credit

I authorize ACS, Inc. to debit my account (defined below) in order to satisfy invoices on an ongoing basis. Additionally I authorize ACS, inc. to credit my account in cases where a credit balance is owed. This authorization will remain in effect until revoked in writing in such a manner as to afford ACS, Inc. a reasonable opportunity to act upon it. I assume full responsibility for verification of my account information upon the initial transaction. If an incorrect amount is applied to my account, I authorize ACS, Inc. to make the appropriate adjustments.

Company Name: _____
(Please Print)

Authorized Signature: _____ Date: _____

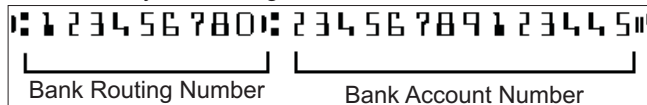
SELECT TRANSACTION TYPE:

- New ACH Enrollment
- Change In Account Number Only
- Cancel ACH Debit/Credit
- Change In Both Financial Institution & Account Number

Please enter your account information below:

Account Type	Bank Routing Number (9 digits)	Bank Account Number (17 digits max)	Name of Bank
<input type="checkbox"/> Business Checking <input type="checkbox"/> Personal Checking <input type="checkbox"/> Savings			

How to find your Routing and Account Numbers on a check:



Email address: _____
(Where you would like your invoices/receipts sent to.)

SEND COMPLETED AUTHORIZATION TO:

ACS, Inc.
Attn: Billing Dept.
577 Oak Villa Blvd.
Baton Rouge, LA 70815
OR
FAX to (225) 296-7550