Authorization Agreement for Direct Payments
(ACH DEBITS)

1. Customer Information (Please Print Clearly)

Name: _____ Company ID #: _____

Street Address: _____

City	State	Zip Code	Telephone Number:
_____	_____	_____	(_____)_____ -_____

2. Authorization

I (we) hereby authorize Mobile Knowledge Systems Inc, hereinafter called COMPANY, to initiate debit entries 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 provision of U.S. Law.

3. Bank Details

Account # ☐☐☐☐☐☐☐☐   Routing # ☐☐☐☐☐☐☐☐☐

Depository (Financial Institution) Name: _____

Branch: _____

City: _____ State:_____ Zip:_____

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

Signature of Account Holder: _____ Signature of Joint Account Holder (if applicable):

_____   _____

Name:_____   Name:_____
(Please Print)   *(Please Print)*

Date:_____   Date:_____

NOTE: WRITTEN DEBIT AUTHORIZATION <u>MUST</u> PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

When the form is complete, mail or fax to:
Mobile Knowledge Systems Inc
Suite 100 - 11 Hines Road
Ottawa, Ontario, K2K 2X1 Canada
Tel: 613-287-5020 Fax: 613.287.5021